

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K15508 (0)

1. Corporation Name

ACME OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

**11420 OKEECHOBEE BLVD.
ROYAL PALM BCH. FL 33411
US**

**11420 OKEECHOBEE BLVD.
ROYAL PALM BCH. FL 33411
US**

3. Date Incorporated or Qualified

02/19/1988

3a. Date of Last Report

08/03/1995

4. FEI Number

65-0083704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRESPO, ARMANDO N.
11420 OKEECHOBEE BLVD, BY E
ROYAL PALM BCH FL 33411**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed for printer (if registered agent and officer, type name)

(NOTE: Registered Agent signature required when removing)

(NAME)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDT** ☐ DELETE
NAME **CRESPO, ARMANDO N.**
STREET ADDRESS **11420 OKEECHOBEE BY E**
CITY-ST-ZIP **ROYAL PALM BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

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31 TITLE

32 NAME

33 STREET ADDRESS

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41 TITLE

42 NAME

43 STREET ADDRESS

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51 TITLE

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54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY-ST-ZIP

SIGNATURE:

Armando N. Crespo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARMANDO N. CRESPO

Pres. JULY 23 1996 407-795-2108

CR2E034 (3/96)