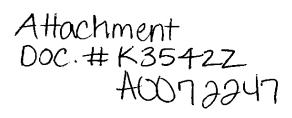
DOCUMENT # K35422  1. Entity Name  A.C.'S MANAGEMENT CO.						FILED Aug 09, 2000 8:00 am Secretary of State				
A.O. O MANAGEMENT OO.						Secretai	ry o	f St	ate	_
Principal Place of	f Business	Mailing Address			1	08-09-2000 90				
5791 SW 178 AVE FT LAUDERDALE I US		5791 SW 178 AVE FT LAUDERDALE FL 33331 US			ļ		81 S1211 S181	I <b>B</b> IBIL <b>B</b> LB11 I	hiğir girici tamı	
2. Principal Place	e of Business	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. 1	FEI Number <b>65-0075753</b>			pplied For ot Applicable	<u>,                                    </u>
Zip	Country	Zip Cour		ntry	5. (	Certificate of Status Desired		8.75 Ad ee Require		7
	7. Name and Address of New Registered Agent									
CLINGAN, ADRIANNE				Name Street Address (P.O. Box Number is Not Acceptable)					$\downarrow$	
	SW 178 AVE JDERDALE FL 33331			- Cureor Address	uress (F.O. DOX MUITIDE IS NOT ACCEPTABLE)					$\dashv$
				City	FL Zip Code			de	$\dashv$	
8. The above nar	med entity submits this statement for th	ne purpose of changing its	register	Led office or registe	red ag	ent, or both, in the State of Florida				1
SIGNATURE	•									
Sign	nature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature require	d when re	oinstating)	DATE			1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW After SEPTEMBER Make Check Paya			3, 200 <b>0</b>			10. Election Campaign Finance Trust Fund Contribution.	oing		00 May Be d to Fees	
11.	OFFICERS AND DIE		12.	· · · · · · · · · · · · · · · · · · ·	ΑĐ	DITIONS/CHANGES TO OFFICE				] 
NAME C STREET ADDRESS 5	OIOT OII TIO AIL			ŀ				☐ Change	☐ Addition	R2E034 (5/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete		<b>I</b>				Change	Addition	
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Daytime Phone **										



Ac's Management Co. 5791 SW 178<sup>th</sup> Ave FT.Lauderdale, Fl 3331

Fl. Depart. Of State
Division of Corporations
P.O.Box 1500
Tallahassee, Fl. 32302-1500

August 3,2000

## Dear Madam:

As follow-up to our phone conversation, I have been on vacation for the past number of weeks and did not receive the first mailing of the notice for payment of corporate dues. I am enclosing a check for \$150.00 and request that you waive the late fee.

Thank you for your consideration.

duenne Chrisan

Adrianne Clingan, President

Ac's Management Company