

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K57642** (6)
1. Corporation Name
ASSOCIATION OF CAPITAL AND EMPLOYEES, INC. (A.C.E.)



Principal Place of Business Mailing Address
**640 SOUTH SELFER STREET
QUINCY FL 32351** **640 SOUTH SELFER STREET
QUINCY FL 32351**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1989		3a. Date of Last Report 02/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2924832		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KUBIK, STEPHEN J. 155 OFFICE PLAZA DRIVE TALLAHASSEE FL 32302				10. Name and Address of New Registered Agent			
				81 Name ALBERT B. ASSADURIAN			
				82 Street Address (P.O. Box Number is Not Acceptable) 1560-3 CAPITAL CR. N.W.			
				83			
				84 City TALLAHASSEE FL 85 Zip Code 32303			

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]* (Signature typed or printed name of registered agent and must be approved by the State Registrar. Agent signature is not needed if no change.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBR, WALCLAW	2. NAME	
STREET ADDRESS	AVE.PPL. DELOS CHORROS	3. STREET ADDRESS	
CITY-ST-ZIP	CARACAS ZP1061, VEN.	4. CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBR, WANDA	2.2 NAME	
STREET ADDRESS	AVE.PPL DELOS CHORROS	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS ZP1061, VEN.	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HALINA E.	3.2 NAME	
STREET ADDRESS	1833 HALSTEAD BLVD.#802	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] WANDA ZUBR.

4/18/96

(904)627-7171

CR2E034 (12/95)