

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 6:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K73138** (5)  
1. Corporation Name  
**THE ACME GROUP, INC.**

Principal Place of Business Mailing Address  
**3102 BEACH BLVD JACKSONVILLE FL 32207 US**  
**P.O. BOX 10492 JACKSONVILLE FL 32247**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>7251 Biscayne Blvd.</b>	26	<b>7251 Biscayne Blvd.</b>	<b>03/16/1989</b>	<b>03/03/1994</b>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-3008533</b>	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>Miami, FLA.</b>		<b>Miami, FLA.</b>		<input checked="" type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing	
<b>33138</b>		<b>33138</b>		Trust Fund Contribution <input type="checkbox"/>	
25. Country		30. Country		<b>\$5.00 May Be Added to Fees</b>	
<b>USA</b>		<b>U.S.A.</b>		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ODEDIRAN, OLUREMI 3816 SPRING PARK ROAD JACKSONVILLE FL 32207-5738</b>				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City		
				05	Zip Code		
				<b>FL</b>			

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: *Oluremi Odediran* **04/24/95**  
Signature (Typed or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-electing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVPS</b>	1 1 TITLE	<b>Chief Construction Mgr.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ODEDIRAN, OLUREMI</b>	1 2 NAME	<b>Anthony Sabbag</b>
STREET ADDRESS	<b>3816 SPRING PARK RD.</b>	1 3 STREET ADDRESS	<b>9727 Hammocks Blvd. #102</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1 4 CITY - ST - ZIP	<b>Miami, FL 33196</b>
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 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		5 1 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		6 1 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 110.07(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 or 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: *Oluremi Odediran* **Oluremi Odediran** **04/24/95** **(305)756-6555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR