

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 # **K73138** (5)

1. Corporation Name
THE ACME GROUP, INC.



Principal Place of Business: **7251 BISCAYNE BLVD. MIAMI FL 33138 US**
Mailing Address: **7251 BISCAYNE BLVD. MIAMI FL 33138 US**

3. Date Incorporated or Qualified: **03/16/1989**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-3008533**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**ODEDIRAN, OLUREMI
3816 SPRING PARK ROAD
JACKSONVILLE FL 32207-5738**

10. Name and Address of New Registered Agent
81 Name: **STEVEN M. ROSEN, ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable): **5601 BISCAYNE BOULEVARD**
83 City: **MIAMI, FLORIDA 33137**
84 City: **MIAMI, FLORIDA 33137**
85 Zip Code: **FL 33137**

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]* **STEVEN M. ROSEN** DATE: **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PVPS	<input checked="" type="checkbox"/> DELETE
NAME	AKINS, RONALD E.L.	
STREET ADDRESS	11801 NW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	ODEDIRAN, OLUREMI	
1.3 STREET ADDRESS	7251 BISCAYNE BOULEVARD	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138	
2.1 TITLE	S	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
2.2 NAME	ADETU, FRANK O.	
2.3 STREET ADDRESS	7251 BISCAYNE BOULEVARD	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33138	
3.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *[Signature]* **OLUREMI ODEDIRAN** DATE: **4/26/96** DAYTIME PHONE: **305 756 6555**

CR2E034 (12/95)