

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT
 1997-2997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS
 B-1003 NC

DOCUMENT # **K93816**
 1. Corporation Name
ACR COMPUTER SERVICES, INC.
 (2)



Principal Place of Business
**ACR
 24 NE 2ND AVE
 DEERFIELD BEACH FL 33441
 US**

Mailing Address
**% ROBERT MORRIS
 8 SE 8TH AVENUE
 DEERFIELD BEACH FL 33441-4025**

3. Date Incorporated or Qualified
06/05/1989

3a. Date of Last Report
04/04/1996

4. FEI Number
65-0134561

Applied For
 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
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
**MORRIS, ROBERT
 8 SE 8TH AVENUE
 DEERFIELD BEACH FL 33341**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT	
STREET ADDRESS	8 SE 8TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MORRIS, LUISA M.	
STREET ADDRESS	8 SE 8TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert G. Morris* **Robert G. Morris** 1/18/97 (954) 480-9243
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)