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FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L38633 (8)  
1. Corporation Name  
ACACIA HISTORICAL ARTS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2358 S. OCEAN BLVD. HIGHLAND BCH FL 33487 US		Mailing Address % LINDA K. JOHNSON CPA. P.A. 600 W HILLSBORO BLVD SUITE 510 DEERFIELD BEACH FL 33441	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country		
g. Name and Address of Current Registered Agent JOHNSON, LINDA 600 W HILLSBORO BLVD SUITE 510 DEERFIELD BEACH FL 33441		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, CARROLL	1.2 NAME	
STREET ADDRESS	16 W. OGLETHORPE AVE	1.3 STREET ADDRESS	532 E. STATE STREET
CITY-ST-ZIP	SAVANNAH GA	1.4 CITY-ST-ZIP	SAVANNAH, GA 31401
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCE, PETER C.	2.2 NAME	
STREET ADDRESS	2519 N OCEAN BLVD., #401	2.3 STREET ADDRESS	1465 N. OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	TVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTEL, GEORGE S	3.2 NAME	
STREET ADDRESS	1160 INGLEDRESS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, MICHAEL	4.2 NAME	
STREET ADDRESS	1337 SW 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	33486
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC ALLISTER, JANE	5.2 NAME	
STREET ADDRESS	1081 N.W. 13TH ST. #1	5.3 STREET ADDRESS	1081 N.W. 13TH COURT #1
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTEL, MARILYN	6.2 NAME	
STREET ADDRESS	1160 INGLEDRESS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	6.4 CITY-ST-ZIP	

14. I 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:

GEORGE S. HERTEL

9/14/98 804 901-9901

CR2E034 (10/97)