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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1990 LOGO29

(0)

DOCUMENT # L96

1. Corporation Name

AC/DC ENTERPRISES, INC.



Principal Place	of El Jainage	Martina, Antalana		
		Mailing Address		
822 LAFAYETTE STREET CAPE CORAL FL 33904		822 LAFAYETTE STREET CAPE CORAL FL 33904		
				3. Date incorporated or Qualified 3a. Date of Last Report 08/13/1990 04/21/1995
<ol> <li>Principal Pla</li> </ol>	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applied For
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be
'LZip	Country	Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032,
]	25	29	30	Florida Statutes Yes No
	9. Name and Address of Cu			10. Name and Address of New Registered Agent
			81 Name	
	in, donald l		82 Street A	Address (P.O. Box Number is Not Acceptable)
822 LAFAYETTE STREET			July Siledi A	Juliess (F.O. BOX Northberts Not Acceptable)
CAPE CO	ORAL FL 33904		83	
			84 City	85 Zip Code
				reporation submits this statement for the purpose of changing its registered of
tamiliar with	n, and accept the obligations of, a	Section 607.0505, Florida Statute		
GNATURE .	Signature, typed or printed name of registered.	agent and title if applicable (N	IOTE: Registered Agent signature re	
GNATURE .	Signature, typed or printed name of registered.	agent and title of applicable (N AND DIRECTORS	IOTE: Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
GNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (N	OTE: Rogistered Agent signature re  13.  1, 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 cath; that I am an officer or furnictor 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 advantage with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 44/-542-0818

CR2E034 (12/95)