


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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P11895 (0) 1. Corporation Name ACRT, INC.		

Principal Place of Business 227 N DEPEYSTER STREET P O BOX 219 KENT OH 44240-9525	Mailing Address 227 N DEPEYSTER STREET P O BOX 219 KENT OH 44240-9525
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 27	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last Report 02/21/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 34-1462242	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ABBOTT, RICHARD EDWARD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1824 WALNUT RD.	1.2 NAME	1887 Pine Drive
STREET ADDRESS	KENT OH	1.3 STREET ADDRESS	Kent, OH 44240
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE VD	JOEHLIN, KENNETH ALAN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13420 THEELAND AVE., NW	2.2 NAME	
STREET ADDRESS	UNIONTOWN OH	2.3 STREET ADDRESS	Uniontown, OH 44685
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE VD	BUCHANAN, ELIZABETH LEIGH	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	805 VINE STREET	3.2 NAME	
STREET ADDRESS	KENT OH	3.3 STREET ADDRESS	Kent, Ohio 44240
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE TD	ABBOTT, SUE CAROL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1824 WALNUT RD.	4.2 NAME	
STREET ADDRESS	KENT OH	4.3 STREET ADDRESS	1887 Pine Drive
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Kent, OH 44240
TITLE SD	PLANK, ROBERT MARION	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	245 HILLSDALE CR.	5.2 NAME	
STREET ADDRESS	WADSWORTH OH	5.3 STREET ADDRESS	Wadsworth, OH 44281
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE VD	SALTZMAN, JEFF ALAN	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4190 SPRINGDALE DRIVE	6.2 NAME	
STREET ADDRESS	STOW OH	6.3 STREET ADDRESS	Stow, OH 44224
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: Robert M. Plank *Robert M. Plank* **5/3/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) Month Year