

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortnam
 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**

3. Date Incorporated or Qualified: **10/23/1986**
 3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business: **21 2545 BAILEY ROAD, Suite P.O. Box 401, CUYAHOGA FALLS, OH, Zip 44221, Country USA**
 2a. Mailing Address: **26 2545 BAILEY ROAD, Suite P.O. Box 401, CUYAHOGA FALLS, OHIO, Zip 44221, Country USA**

4. FEI Number: **34-1462242**
 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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	ABBOTT, RICHARD EDWARD	
STREET ADDRESS	1887 PINE DRIVE	
CITY-ST-ZIP	KENT OH	
TITLE	VD	<input type="checkbox"/>
NAME	JOEHLIN, KENNETH ALAN	
STREET ADDRESS	13420 THEELAND AVE., NW	
CITY-ST-ZIP	UNIONTOWN OH	
TITLE	VD	<input type="checkbox"/>
NAME	BUCHANAN, ELIZABETH LEIGH	
STREET ADDRESS	805 VINE STREET	
CITY-ST-ZIP	KENT OH	
TITLE	TD	<input type="checkbox"/>
NAME	ABBOTT, SUE CAROL	
STREET ADDRESS	1887 PINE DRIVE	
CITY-ST-ZIP	KENT OH	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	PLANK, ROBERT MARION	
STREET ADDRESS	245 HILLSDALE CR.	
CITY-ST-ZIP	WADSWORTH OH	
TITLE	VD	<input type="checkbox"/>
NAME	SALTZMAN, JEFF ALAN	
STREET ADDRESS	4190 SPRINGDALE DRIVE	
CITY-ST-ZIP	STOW OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ernie C. Cook* **CSO** **8/6/96** **330-945-7800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)