

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22988 (0)
1. Corporation Name
ACRO MOLDED PRODUCTS, INC.



Principal Place of Business: **3001 NW 16TH TEWRR
POMOANO BCH FL 33064**
Mailing Address: **12837 FLUSHING MEADOWS
ST LOUIS MO 63131
US**

3. Date Incorporated or Qualified: **02/14/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **43-1502074**
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
24 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFMAN, PAULA
3001 N.W. 16TH TERRACE
POMPANO BEACH FL 33064**

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 607.0506, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBERT, BRUCE G.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	YTD	<input type="checkbox"/> DELETE
NAME	ANDERSON, HALVOR B.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT, BRUCE P.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, RICHARD J	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWE, ALAN	
STREET ADDRESS	3001 NW 16TH TERR	
CITY-ST-ZIP	POMPANO BEACH FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D
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 checked="" type="checkbox"/> Addition
6.2 NAME	V/T
6.3 STREET ADDRESS	ROBERT R. BOWRDN
6.4 CITY-ST-ZIP	12837 FLUSHING MEADOWS DR ST. LOUIS, MO 63131

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard J. Schwartz* **RICHARD J. SCHWARTZ**
DATE: **4/30/96**
DAYTIME PHONE #: **(314) 544 8409**

CR2E034 (12/95)