

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 63131-1824  
US**

3. Date Incorporated or Qualified **02/14/1989** 3a. Date of Last Report **05/01/1996**

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

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 607.1503, 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 (REG) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT, BRUCE G.</b>
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>
CITY-ST-ZIP	<b>ST. LOUIS MO</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, HALVOR B.</b>
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>
CITY-ST-ZIP	<b>ST. LOUIS MO</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERT, BRUCE P.</b>
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>
CITY-ST-ZIP	<b>ST. LOUIS MO</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>SCHWARTZE, RICHARD J</b>
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>LOWE, ALAN</b>
STREET ADDRESS	<b>3001 NW 16TH TERR</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>BOWRON, ROBERT R.</b>
STREET ADDRESS	<b>12837 FLUSHING MEADOWS DR</b>
CITY-ST-ZIP	<b>ST LOUIS MO</b>

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	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ DATE **4/28/97** (314) 965 2444

CR2E034 (9/96)