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**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

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 607.1508, 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	ROBERT, BRUCE G.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VD	☐ DELETE
NAME	ANDERSON, HALVOR B.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	D	☐ DELETE
NAME	ROBERT, BRUCE P.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VSD	☐ DELETE
NAME	SCHWARTZE, RICHARD J	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	☐ DELETE
NAME	LOWE, ALAN	
STREET ADDRESS	3001 NW 16TH TERR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VT	☐ DELETE
NAME	BOWRON, ROBERT R.	
STREET ADDRESS	12837 FLUSHING MEADOWS DR	
CITY-ST-ZIP	ST LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 [illegible] 4/28/97 (314) 965 2444