

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22988 (0)

1. Corporation Name
ACRO MOLDED PRODUCTS, INC.



Principal Place of Business 3001 NW 16TH TEWRR POMPANO BCH FL 33064	Mailing Address 12837 FLUSHING MEADOWS ST LOUIS MO 63131 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/14/1989	
4. FEI Number 43-1502074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, HALVOR B.		1.2 NAME	
STREET ADDRESS 12837 FLUSHING MEADOWS		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. LOUIS MO		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERT, BRUCE P.		2.2 NAME	
STREET ADDRESS 12837 FLUSHING MEADOWS		2.3 STREET ADDRESS 12837 FLUSHING MEADOWS	
CITY-ST-ZIP ST. LOUIS MO		2.4 CITY-ST-ZIP ST. LOUIS, MO 63131	
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZE, RICHARD J		3.2 NAME	
STREET ADDRESS 12837 FLUSHING MEADOWS		3.3 STREET ADDRESS	
CITY-ST-ZIP ST LOUIS MO		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWE, ALAN		4.2 NAME	
STREET ADDRESS 3001 NW 16TH TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWRON, ROBERT R.		5.2 NAME	
STREET ADDRESS 12837 FLUSHING MEADOWS DR		5.3 STREET ADDRESS	
CITY-ST-ZIP ST LOUIS MO		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)

Paula Hoffman 11/26/98 201/615 2111