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

PROFIT CORPORATION ANNUAL REPORT

1998

22

23

24

Zip



امیما

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

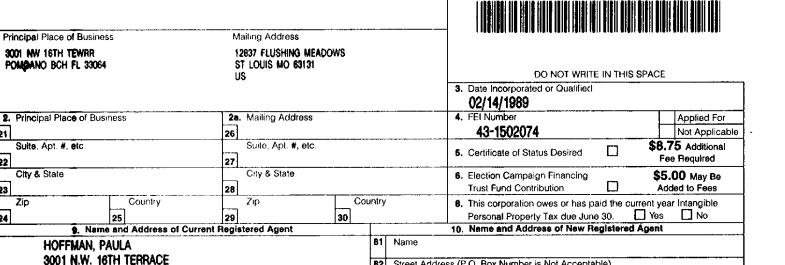
DOCUMENT # P22988

ACRO MOLDED PRODUCTS, INC.

POMPANO BEACH FL 33064

(0)

FILED May 14 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

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 em lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

City

SIGNATURE Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition DELETE TITLE 1 1 TITLE ANDERSON, HALVOR B. 12 NAME NAME 12837 FLUSHING MEADOWS STREET ADDRESS 1.3 STREET ADDRESS ST. LOUIS MO 1.4 CITY-ST-ZIP CITY-ST-ZIP Change X Addition X DELETE 2.1 TITLE TITLE ROBERT, BRUCE P. ROBISON, ROBERT A. 2.2 NAME NAME 12837 FLUSHING MEADOWS 12837 FLUSHING MEADOWS 2.3 STREET ADDRESS STREET ADDRESS ST. LOUIS MO ST. LOUIS, MO 63131 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE SCHWARTZE, RICHARD J 3.2 NAME NAME 12837 FLUSHING MEADOWS 3.3 STREET ADDRESS STREET ADDRESS ST LOUIS MO 3.4. CITY-ST-7IP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE LOWE, ALAN 4. 2 NAME NAME **3001 NW 16TH TERR** 4.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE **BOWRON, ROBERT R.** 5.2 NAME NAME 12837 FLUSHING MEADOWS DR 5.3 STREET ADDRESS STREET ADDRESS ST LOUIS MO CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 trusted 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.

11/14/160

Zip Code