

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90103 016 ***150.00

DOCUMENT # P22988

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
%STEVE SCHULTHEIS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

LOWE, ALAN

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

83

3001 N.W. 16TH TERRACE

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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 ALAN LOWE President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME CD
STREET ADDRESS ANDERSON, HALVOR B.
CITY-ST-ZIP 12837 FLUSHING MEADOWS
ST. LOUIS MO

TITLE ☐ DELETE
NAME VD
STREET ADDRESS ROBISON, ROBERT A
CITY-ST-ZIP 12837 FLUSHING MEADOWS
ST. LOUIS MO

TITLE ☐ DELETE
NAME VSD
STREET ADDRESS SCHWARTZE, RICHARD J
CITY-ST-ZIP 12837 FLUSHING MEADOWS
ST LOUIS MO

TITLE ☐ DELETE
NAME PD
STREET ADDRESS LOWE, ALAN
CITY-ST-ZIP 3001 NW 16TH TERR
POMPANO BEACH FL

TITLE ☐ DELETE
NAME VT
STREET ADDRESS BOWRON, ROBERT R.
CITY-ST-ZIP 12837 FLUSHING MEADOWS DR
ST LOUIS MO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

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, with all other like empowered.

SIGNATURE:

Richard J Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(314) 965 2444
Daytime Phone #

CR2E034 (11/98)