

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

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

05-10-1999 90103 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **LOWE, ALAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **3001 N.W. 16TH TERRACE**
 84 City **POMPANO BEACH** 85 Zip Code **FL 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**

Alan Lowe

4/28/99

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

(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
NAME	ANDERSON, HALVOR B.	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBISON, ROBERT A	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHWARTZE, RICHARD J	
STREET ADDRESS	12837 FLUSHING MEADOWS	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWE, ALAN	
STREET ADDRESS	3001 NW 16TH TERR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOWRON, ROBERT R.	
STREET ADDRESS	12837 FLUSHING MEADOWS DR	
CITY-ST-ZIP	ST LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input 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 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* **Schwartz**

4/26/99

(314) 965 2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

