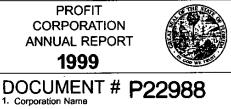
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ACRO MOLDED PRODUCTS, INC.



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

- 1 FRANKEN KIN KININ KININ INKA INKA INKA INDI INDI NINKI PINKI NINKI 2287 NINKI 1287

Principal Place of Business Mailing Address						
3001 NW 16TH TEWRR POMOANO BCH FL 33064		12837 FLUSHING MEADOWS ST LOUIS MO 63131 US		DO NOT WRITE IN THE	S SPACE	
		%STEVE SCHULTHEIS		3. Date Incorporated or Qualifed		
		SIEVE OCIONITEED		02/14/1989		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	ace of Dusiness	26		43-1502074	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir		
24	25	29		Personal Property Tax.	☐ Yes ☐ No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
81 Name				TOUR ATAM		
HOFFMAN, PAULA			82 Street Add	LOWE ALAN 82 Street Address (P.O. Box Number is Not Acceptable)		
3001 N.W. 16TH TERRACE				,		
POMPANO BEACH FL 33064			83	OCCI W VI 16MU MEDDAGE		
			3001 N.W. 16TH TERRACE 84 City			
				POMPANO BEACH FL 33064		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose of	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 TR	esident (o Com To	4/4	28/99 <u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register			tegistered Agent signature requir		ND DIDECTORS (N. 42	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE	CD	☐ DELETE	1,1 TITLE			
NAME	ANDERSON, HALVOR B.		1.2 NAME			
STREET ADDRESS	12837 FLUSHING MEADOWS		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition	
ΠπLE	OD CONTRACT A	□ OECETE	2.1 TITLE			
NAME	ROBISON, ROBERT A		2.2 NAME			
STREET ADDRESS	12837 FLUSHING MEADOWS		2.3 STREET ADORESS			
CITY-ST-ZIP	ST. LOUIS MO	[] priere	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Orlange ☐ Abbitton	
NAME	SCHWARTZE, RICHARD J		3.2 NAME			
STREET ADDRESS	12837 FLUSHING MEADOWS		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST LOUIS MO	C) percit	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	PD	☐ DELETE	4.1 TITLE			
NAME	LOWE, ALAN		4, 2 NAME			
STREET ADDRESS	3001 NW 16TH TERR		4.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL	□ DELETE	4.4 City-ST-ZiP		☐ Change ☐ Addition	

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.

5.2 NAME

6.1 TTTLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BOWRON, ROBERT R.

ST LOUIS MO

12837 FLUSHING MEADOWS DR

☐ DELETE

Change

☐ Addition