FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27316** **(9)**

1. Corporation Name

ACME DUVAL INC.

Principal Place of Business

14505 N. HAYDEN RD.
STE 322
SCOTTSDALE AZ 85260
US

Mailing Address

14505 N. HAYDEN RD.
STE. 322
SCOTTSDALE AZ 85260
US

3. Date Incorporated or Qualified: **12/14/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **33-0378978** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 State, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of New Registered Agent, if Changing — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	11 TITLE	CEO & DIRECTOR	☐ Change ☑ Addition
NAME	REID, MARTIN R.		12 NAME		
STREET ADDRESS	14505 N. HAYDED RD., STE. 322		13 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ		14 CITY-ST-ZIP	85260	
TITLE	PC	☑ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JASTREM, JOHN		22 NAME		
STREET ADDRESS	17871 MITCHELL DR		23 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		24 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	31 TITLE	SECRETARY & CFO+D	☑ Change ☐ Addition
NAME	WAUGAMAN, DOUG A		32 NAME		
STREET ADDRESS	~~17871 MITCHELL DR~~		33 STREET ADDRESS	14605 N. HAYDEN Rd, Ste 322	
CITY-ST-ZIP	~~IRVINE CA~~		34 CITY-ST-ZIP	Scottsdale, Az 85260	
TITLE		☐ DELETE	41 TITLE	ASSITANT SECRETARY	☐ Change ☑ Addition
NAME			42 NAME	ROBERT J. BRILON	
STREET ADDRESS			43 STREET ADDRESS	14505 N. HAYDEN Rd. STE 322	
CITY-ST-ZIP			44 CITY-ST-ZIP	SCOTTSDALE, AZ. 85260	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, 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.

SIGNATURE: [signature] 3/25/96 (602)905-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number