SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 11 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P36045 (3)

1. Corporation Name
ACORN VENTURE CAPITAL CORPORATION

Principal Place of Business
2401 EAST ATLANTIC BLVD., SUITE 201
POMPANO BEACH FL 33062

Mailing Address
2401 EAST ATLANTIC BLVD., SUITE 201
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 10/24/1991
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2332857 — 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		2a. Mailing Address
21	522 Park Street	26	P.O. Box 2696
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Jacksonville, FL	28	City & State: Jacksonville, FL
24	Zip: 32204 — 25 Country: Duval	29	Zip: 32203 — 30 Country: Duval

9. Name and Address of Current Registered Agent

UNTERBRINK, LARRY V.
2401 E. ATLANTIC BLVD
SUITE 201
POMPANO BEACH FL 33062

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 607.1508, 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 Larry Unterbrink, Treas. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
DATE 6-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C — ☐ Change ☒ Addition
NAME	SILVER, JOEL J	1.2 NAME	Sager, Bert
STREET ADDRESS	6 MERRILL LANE	1.3 STREET ADDRESS	[illegible]00 S.W. 52nd Avenue
CITY-ST-ZIP	WOODBURY NY	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	D	2.1 TITLE	P/S/D — ☐ Change ☒ Addition
NAME	TEMPLETON, J. EARL	2.2 NAME	Ollendorff, Stephen A.
STREET ADDRESS	129 PARK SHORE CIRCLE, APT. 19E	2.3 STREET ADDRESS	1[illegible] Leslie Place
CITY-ST-ZIP	INDIAN RIVER SHORES FL	2.4 CITY-ST-ZIP	Tenafly, NJ 07670
TITLE	D	3.1 TITLE	T/D — ☐ Change ☒ Addition
NAME	SAWYER, KENNETH I	3.2 NAME	Unterbrink, Larry V.
STREET ADDRESS	65 REGENTS PARK	3.3 STREET ADDRESS	3998 N.W. 7th Place
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	VD	4.1 TITLE	D — ☐ Change ☒ Addition
NAME	BERLINER, PAULA	4.2 NAME	Epstein, Edward N.
STREET ADDRESS	1630 DIPLOMAT PKWY	4.3 STREET ADDRESS	628 West Road
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	New Canaan, CT 06840
TITLE	D	5.1 TITLE	V/D — ☐ Change ☒ Addition
NAME	GERSTEIN, MEL	5.2 NAME	Wolford, Orland M.
STREET ADDRESS	BUCKINGHAM DR	5.3 STREET ADDRESS	522 Park Street
CITY-ST-ZIP	ALPINE NJ	5.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	D	6.1 TITLE	D — ☐ Change ☒ Addition
NAME	MEYER, PAUL C.	6.2 NAME	Freeman, Robert P.
STREET ADDRESS	C/O VIACOM NEW MEDIA, 648 S. WHEELING RD.	6.3 STREET ADDRESS	114 S. Washington Street
CITY-ST-ZIP	WHEELING IL	6.4 CITY-ST-ZIP	Pottstown, PA 19464

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Larry Unterbrink (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Date 6-30-95 Daytime Phone #

CR2E034 (3/95)

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