FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 6-5-96 B-6733-C

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

DOCUMENT # P36045 (3)

1. Corporation Name
ACORN VENTURE CAPITAL CORPORATION

Principal Place of Business
522 PARK STREET
JACKSONVILLE FL 32204
US

Mailing Address
P.O. BOX 2696
JACKSONVILLE FL 32203
US

3. Date Incorporated or Qualified: 10/24/1991
3a. Date of Last Report: 07/11/1995
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	SAGER, BERT	
STREET ADDRESS	9000 S.W. 52ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSD	☐ DELETE
NAME	OLLENDORFF, STEPHEN A.	
STREET ADDRESS	1 LESLIE PLACE	
CITY-ST-ZIP	TENAFLY NJ	
TITLE	TD	☐ DELETE
NAME	UNTERBRINK, LARRY V.	
STREET ADDRESS	3998 N.W. 7TH PLACE	
CITY-ST-ZIP	DEEFIELD BEACH FL	
TITLE	D	☐ DELETE
NAME	EPSTEIN, EDWARD N.	
STREET ADDRESS	628 WEST ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VD	☐ DELETE
NAME	WOLFORD, ORLAND M.	
STREET ADDRESS	522 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☑ DELETE
NAME	FREEMAN, ROBERT P.	
STREET ADDRESS	114 S. WASHINGTON STREET	
CITY-ST-ZIP	POTTSTOWN PA	

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 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)(k), 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

5-28-96 Date
954 421-6264 Daytime Phone #

CR2E034 (12/95)