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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32203-2696
US



2. Principal Place of Business

21 7020 AC SKinner BL

Suite, Apt. #, etc.

22 100

City & State

23 Jacksonville, FL

Zip

24 32256

Country

2a. Mailing Address

26 PO Box 55104D

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32255

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/24/1991

3a. Date of Last Report

06/05/1996

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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 3996 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 ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 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 this 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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

Date

Daytime Phone #

CR2E034 (9/96)