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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000001236 (8)

AC-U-PRO SERVICE CORPORATION

Principal Place of Business Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



8636 MOCKINGBIRD LANE SEMINOLE FL 84647→		8636 MOCKINGBIRD LANG SEMINOLE FL 33777-3531	8636 MOCKINGBIRD LANE SEMINOLE FL 33777-3531					
					3. Date Incorporated or Qualified 10/28/1992		ate of Last F 29/1996	Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		IA	oplied For
21		26			59-3149771			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ### Added to Fees			
Zip 33	Country 25	Zip 29	Countr 30	y	8. This corporation has liability for in Florida Statutes		tay urider s	3. 199.032,
	9. Name and Address of C	urrent Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	istered	Agent	
	RHEUL, JAMES M		81	Name				
	6 MOCKINGBIRD LANE AINOLE FL 34647		82 Street Addre		dress (P.O. Box Number is Not Acceptable)			
-			83					
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508. Florida Statu	ites, the abov	re-named cor	rporation submits this statement for the po	Jrpose o	f changing i	ts registered
office or	registered agent, or both, in the	State of Florida, Such change was	authorized b	y the corpora	ation's board of directors. I hereby accep-	the app	pointment as	registered
	am raminar with, and accept the	obligations of, acction 607.0303, 1	ionua statole	ю.				
SIGNATURE	Signature, typed or printed hame of registe	red agent and title if applicable (NC	TE Registered Ac	ent signature requ	ured when reinstating)	DATE		
SIGNATURE		red agent and title if applicable (NC SIAND DIRECTORS	TE Registered Aç	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE		D DIRECTO	RS IN 12
	OFFICER P			ent signature requ			DIRECTO	RS IN 12
12.	OFFICER OVERHEUL, JAMES M	S AND DIRECTORS DELETE	13.					
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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: