

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 # P93000013606 (7)

1. Corporation Name

ACU - PRODUCTS, INC.



Principal Place of Business

Mailing Address

~~3704 GARDENS EAST BLVD. SUITE 2~~
~~PALM BEACH GARDENS FL 33410~~

~~3764 GARDENS EAST BLVD. SUITE 2~~
~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business

2a. Mailing Address

21 420 US Highway One

Suite, Apt. #, etc.

22 Suite 15 NN

City & State

23 North Palm Beach, FL

24 33408

25 Palm Beach

26 420 US Highway One

Suite, Apt. #, etc.

27 Suite 15 NN

City & State

28 North Palm Beach

29 33408

30 Palm Beach

9. Name and Address of Current Registered Agent

KNOX, ROBERT T
721 HUCKLEBERRY LANE
N PALM BCH. FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/24/1993

3a. Date of Last Report

08/10/1995

4. FEI Number

APPLIED FOR 65-0286681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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 the filing officer

(NOTE: Registered Agent's signature required when he is not the filing officer)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KNOX, ROBERT T
STREET ADDRESS 721 HUCKLEBERRY LANE
CITY-ST-ZIP N PALM BCH. FL 33408

TITLE ☒ DELETE

NAME ~~LA OAGGE, RENE~~
STREET ADDRESS ~~7576 CENTRAL INDUSTRIAL DRIVE~~
CITY-ST-ZIP ~~RIVERIA BEACH FL 33414~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 registered agent 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:

Robert G. Knox
Director

April 29, 1996

407-627-1734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)