


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P93000058708</u> ✓ 1. Corporation Name <u>Acme Design Labs, Inc.</u>		

Principal Place of Business <u>757 Highway 98 East, #14-401</u> <u>Dunedin, Fl. 32541</u>		Mailing Address <u>80 Sarah Dr.</u> <u>Frederick, Fla.</u> <u>32439</u>	
2. Principal Place of Business <u>757 Highway 98 East</u> Suite, Apt. #, etc. <u>#14-401</u> City & State <u>Dunedin, Fla.</u> Zip <u>32541</u>	2a. Mailing Address <u>80 Sarah Dr.</u> Suite, Apt. #, etc. City & State <u>Frederick, Fla.</u> Zip <u>32439</u>	2b. Mailing Address <u>80 Sarah Dr.</u> Suite, Apt. #, etc. City & State <u>Frederick, Fla.</u> Zip <u>32439</u>	2c. Mailing Address <u>80 Sarah Dr.</u> Suite, Apt. #, etc. City & State <u>Frederick, Fla.</u> Zip <u>32439</u>

9. Name and Address of Current Registered Agent <u>Walter C. Spraggins</u> <u>80 Sarah Dr.</u> <u>Frederick, Fla. 32439</u>		10. Name and Address of New Registered Agent <u>Walter C. Spraggins</u> <u>80 Sarah Dr.</u> <u>Frederick, Fla. 32439</u>	
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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 Walter C. Spraggins Walter C. Spraggins 6/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director/President</u> <u>Walter C. Spraggins</u> <u>80 Sarah Dr.</u> <u>Frederick, Fla. 32439</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Richard Marucci</u> <u>2020 Howell Mill Rd. sk. 288</u> <u>Atlanta, GA 30318</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 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, with all other like empowered.

SIGNATURE: Walter C. Spraggins Walter C. Spraggins 6/11/99 850-835-3288

FILED

99 JUN 25 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <u>8/18/93</u>	4. FEI Number <u>59-3217329</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <u>8.75</u> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <u>5.00</u> May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

CR2E034 (11/98)

From the desk of

Walter C. Spraggins

#80 Sarah Dr.

Freeport, Fl. 32439

1-850-835-3288 voice

1-850-835-5125 fax

Date: 6/11/99

Florida Dept. of State
Katherine Harris
Secretary of State
Div. of Corporations

This filing is late.

I have suffered a catastrophic injury to my right wrist & arm as well as my left wrist. All were broken in an accident.

Because of this, I failed to file this report in a timely manner. I request exemption due to these circumstances. I ask that this payment be excepted without penalty.

Please advise me as to your findings.

Enclosed please find a check in the amount of \$ 150.00 for the filing & \$8.75 for the certified copy.

Thank you

Walter C. Spraggins
for
ADLI.