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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000071463 (2)

A.C.U. MANUFACTURING CORP.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					{	ODIEL INENI ELELE MENIN DE	HOE IIHI HOOI
540 WEST 83RD ST P O BOX 522517 HALEAH FL 33014 MIAMI FL 33152 US US					DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualified 10/14/1993		
2. Principal Pl	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Ar	oplied For
21		26			65-0442584	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			or Corandate or Otalias Dosned	Fee Re	equired
City & State	•	City & State			6. Election Campaign Financing		May Be
23		28					to Fees
Ζίρ	Country	Zip	Coun	try	8. This corporation owes or has paid		langible No
24	25 S. Name and Address of Curren		0		Personal Property Tax due June 30 10. Name and Address of New Regis		
- NA		i negistered Agent		Name	IV. Hallio Bild Addiosa of Hall rings	Marad Again	
DOREN, SYDNEY M			L				
540 WEST 83RD ST HIALEAH FL 33014			- 1	Street Add	et Address (P.O. Box Number is Not Acceptable)		
пи	ILEMN LE 22014		- ta	33			
			Ł				
			- 1	City		FL 85 Zip	Code
11. Pursuant I	o the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the ab	ove-named corp	poration submits this statement for the pur		ts registered
office or re	egistered agent, or both, in the State	of Florida, Such change was au	thorized	by the corporal	poration submits this statement for the pur tion's board of directors. I hereby accept t	the appointment as	registered
	in familiar with, and accept the obliga	Mons of Section 607.0303, 1 for	da Siaid	163.			
SIGNATURE	Signature, typod or printed name of registered agen	nt and title If applicable (NO1E	Registered	Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITE	E		☐ Change	Addition
NAME	DIFFENDERFER, CHESTER L	JR.	1.2 NAN	(E	•		
STREET ADDRESS	540 WEST 83RD ST		1.3 STR	EET ADORESS			
CITY-ST-ZIP	HIALEAH FL	·····	1.4 CITY	(+ST-ZIP		·	
TITLE	D	☐ DELETE	2.1 TITU	E		☐ Change	Addition
NAME	YESBECK, PAUL J		2.2 NAN	Æ]
STREET ADDRESS	540 WEST 83RD ST		2.3 STR	EET ADORESS	ı ´.		
CITY-ST-ZIP	HIALEAH FL			Y-ST-ZIP		·	
TITLE	D	☐ DELETE	3.1 TITU	I		Change	☐ Addition
NAME	DOREN, SIDNEY M		3.2 NAN	i			
STREET ADDRESS	540 WEST 63RD ST		ŧ	EET ADDRESS			
CITY-ST-ZIP	HIALEAH FL		-	Y-ST-ZIP			4.400
TITLE		☐ DELETE	4.1 1110			L Change	☐ Addition
NAME			4. 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		T being		r-ST-ZIP		Libraria	Laddition
TITLE		DELETE	5.1 T(T)	I		☐ Change	Addition
NAME			5.2 NAA				•
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE		(-ST-ZIP		Change	Addition
TITLE		□ ncreit	6.1 TITL	l l		C' Origina	
NAME			6.2 NAA	ł ·			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			■ 6.4 CIT*	r-St-ZIP			

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 supplimental 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 or an attachment with an address.

SIGNATURE:

305/362-8333