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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000077961 (9)

Corporation	Name		
ACACIA	COURT	PROPERTIES,	INC.

														1001
Principal Place of Business Mailing Address														-
1700 NORTH C	DIXIE HWY.			1700 NORTH DIXIE HWY.										
SUITE 151				SUITE 151 BOCA RATON FL 33432										
BOCA RATON FL 33432 BOCA RATON FL 3					N-NZ			3. Date Incorporated or Qualified 11/10/1993			3a. Date of Last Report 02/07/1995			
2. Principal Pla	ice of Busine	ess	2a. Mailing A	Address				4.	FEI Number			<u> </u>	Applied F	···
21			26						65-044858	54			Not Appli	
Suite, Apt. #	t, etc.		<u></u> ⊢¬	ot. #, etc.				5.	Certificate of Sta	tus Desired			5 Addition	
22 Ct. 8 State			27 City & St	lale				6	Election Campaig	on Financino			00 May E	
City & State			28	idio					Trust Fund Contr	-		•	led to Fee:	
Zip		Country	Zip		Cou	ntry		8.	This corporation				s 199.032	2,
24		25	29		30			- 1	Florida Statutes		. □ No			
	9. Name	and Address of Cu	rrent Registered Ag	ent				10.	Name and Add	ress of New F	Register	ed Agent		
							Name							
	s, rober				l	82	Street Addr	iress (P.	O. Box Number i	s Not Acceptal	ble)			
		HIGHWAY, #151				83								
BOCA RA	ATON FL 3	33432				33								
						84	City				F	85	Zip Code	
44 5	a the pro io	ions of Sections 607.0	1502 and 607 1508 F	lorida Statuti	es the abo	ve-nai	med corpor	oration s	ubmits this stater	ment for the pu	imose of	changing it	s registered	d offi
or registers	ad anent or	r both, in the State of I	Florida. Such chance '	was authorize	ea by the t	orpor	ation's boa	ard of di	rectors. I hereby	accept the app	oointmen	t as register	ed ägent. I	l am
familiar wit	th, and acce	ept the obligations of,	Section 607.0505, Flo	irida Statutes	S.									
(CATTINICAL PATE														
SIGNATURE	Signature tened	for pointed name of registerod	agent and title if applicable		D1E: Registered	 Agents	ignature require	ed when re	instating)		DAT	Έ		
SIGNATURE _	Signature, typed	for printed name of registered OFFICERS	agent and title if applicable AND DIRECTORS			Agert s	ignature require		instating: ADDITIONS/CHA	ANGES TO OF		AND DIREC		
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MANA ONING OFFICER OR DIRECTOR

SIGNATURE:

4/11/96

(407) 362-8888

. LARDADDA IID TOLEO KAN ODKI DOKA BRAN TOLI LORA (BRAN DIN DILE ARD ARD

Daytime Phone #