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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000069573 (1)

ACR ACQUISITIONS, INC.

Principal Place of Business 3800 N. POWERLINE ROAD POMPANO REACH EL 33073

DOCUMENT #

Mailing Address

1165 CAMP HOLLOW ROAD PITTSBURGH PA 15122



					 Date Incorporated or Qualified 09/21/1994 	3a. Date of Last F 04/19/1	
1	ace of Business	2a. Mailing Address		-	4. FEI Number		Applied For
1] Calla Asse	A at a	26			59-3281847		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc 27	Suite, Apt. #, etc 27		5. Certificate of Status Desired		5 Additional Required
— Oily & State . I	Ę.	City & State			6. Election Campaign Financing	\$5.0	00 May Be
<u> </u>		28			Trust Fund Contribution		d to Fees
- Zip i	Country	Zip	Cou	ntry	8. This corporation has liability for		199.032
]	25 9. Name and Address of Cu	rrent Registered Agent	30			□No	
	V. 114110 4110 7100 07 00	Trent ricgistereo Agent		81 Name	10. Name and Address of New R	egistered Agent	
MEADS	CDECODY						
MEARS, GREGORY 3800 N. POWERLINE ROAD				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	NO BEACH FL 33073		}	B3			
i OMICA	440 DEVOLLE 99019		İ				
			Ī	84 City		85 Z	ip Code
1. Pursuant t	to the provisions of Sections 607.0	0502 and 607 1508 Florida Stat.	ites the elec-	up named so	pration submits this statement for the pur	FL [∞] ⁻	
				orporation's boa	praction submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its sintment as registered	registered office diagent. I am
GNATURE	th, and accept the obligations of, S	section 607.0505, Florida Statute	9S.			Ū	Ü
	Support to, by ed or prodoct name of registered a	agentaic tre l'applicable (f	NOTE: Registered	Agent signature requir	ed when reinstatingt	DATE	······································
	T	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	DRS IN 12
.F	DP	☐ DELETE	1.110	1LF		☐ Change	Addition
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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 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 in changed for on an uttach rient with an address.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(412) 469 -3700 Daytine Phone #