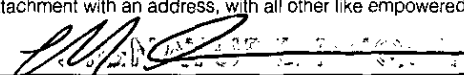


DOCUMENT # P94000079303			
1. Entity Name A.C. TECH INC.			
Principal Place of Business 6858 OLD KINGS ROAD JACKSONVILLE FL 32219 US		Mailing Address POST OFFICE BOX 62254 JACKSONVILLE FL 32219-2254	
2. Principal Place of Business 6612 Old Kings Road Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32219 Country US		3. Mailing Address P.O. Box 6697 Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32236 Country US	
6. Name and Address of Current Registered Agent ANDERSON, LELAND 10751 ILLINOIS AVENUE JACKSONVILLE FL 32219			Name Street Address (If) City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			12.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO ANDERSON, LELAND 10751 ILLINOIS AVE JACKSONVILLE FL 32219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ Leland Anderson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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DO NOT WRITE IN THIS SPACE

City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>59-3283236</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32219</b>		Country <b>US</b>		Zip <b>32236</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ANDERSON, LELAND</b> <b>10751 ILLINOIS AVENUE</b> <b>JACKSONVILLE FL 32219</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b>		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PO</b> <b>ANDERSON, LELAND</b> <b>10751 ILLINOIS AVE</b> <b>JACKSONVILLE FL 32219</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							
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TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				<b>Leland Anderson</b> <b>02/11/00</b> <b>904-786-0408</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>			