

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000000443 (8)

1. Corporation Name

ACME TELECARDS & COLLECTIBLES, INC.



Principal Place of Business

Mailing Address

1116 NW 37TH ST.
SUNRISE FL 33351

1116 NW 37TH ST.
SUNRISE FL 33351

3. Date Incorporated or Qualified
01/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1116 NW 37 ST.

26 1116 NW 37 ST.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SUNRISE FL

28 SUNRISE FL

Zip

Country

Zip

Country

24 33351

25 USA

29 33351

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMON, BRUCE
1116 NW 37TH ST.
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1116 NW 37 ST.

83

84 City

SUNRISE

FL

85 Zip Code

33351

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

Signature: Typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HARMON, BRUCE
STREET ADDRESS 1116 NW 37TH ST.
CITY-ST-ZIP SUNRISE FL 33351

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31 TITLE
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33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

1116 NW 37 ST.
SUNRISE, FL. 33351

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BRUCE HARMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/96

954-742-4954
Daytime Phone #

CR2E034 (3/96)