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

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

1996 8-8-96 P95000044900 (5)

DOCUMENT # P95000044900 (5)

1. Corporation Name

ACP ASSET MANAGEMENT CORP.

Principal Place of Business	Mailing Address
200 E. ROBINSON STREET. SUITE 900 ORLANDO FL 32801	200 E. ROBINSON STREET. SUITE 900 ORLANDO FL 32801

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report:

4. FEI Number: 59-3324230 ☐ 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

2. Principal Place of Business
21 1035 S. Semoran Blvd.
Suite, Apt. #, etc.
22 Suite 1007
City & State
23 Winter Park, FL
Zip 24 32792 Country 25

2a. Mailing Address
26 1035 S. Semoran Blvd.
Suite, Apt. #, etc.
27 Suite 1007
City & State
28 Winter Park, FL
Zip 29 32792 Country 30

9. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
390 N. ORANGE AVE., SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: James R. Heistand
82 Street Address (P.O. Box Number is Not Acceptable): 1035 S. Semoran Blvd., Suite 1007
83
84 City: Winter Park, FL 85 Zip Code: 32792

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: James R. Heistand, President DATE: 8-5-96
Signature required from registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P,T	☒ Change ☐ Addition
NAME	HEISTAND, JAMES R		1.2 NAME	James R. Heistand	
STREET ADDRESS	200 E. ROBINSON STREET, SUITE 900		1.3 STREET ADDRESS	1035 S. Semoran Blvd., Suite 1007	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	☐ DELETE	2.1 TITLE	V,S	☐ Change ☐ Addition
NAME	DE OLAZARRA, ALLEN C		2.2 NAME	Allen de Olazarra	
STREET ADDRESS	1800 ELLER DRIVE, SUITE 500		2.3 STREET ADDRESS	3900 Wood Ave.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		2.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: James R. Heistand, President 8-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012076 CP