FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAY -1 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000044900

1. Corporation Name
ACP Asset Management Corp.

Principal Place of Business
1035 S. Semoran Blvd.
Ste. 1007
Winter Park, FL 32792

Mailing Address

3. Date Incorporated or Qualified: 06/12/95
3a. Date of Last Report: 08/08/96

21 Principal Place of Business: Associated Capital Properties Inc. 201 Pine St.
22 Suite, Apt. #, etc.: Ste. 701
23 City & State: Orlando, FL
24 Zip: 32801
25 Country:

26 Mailing Address: 701 Brickell Ave
27 Suite, Apt. #, etc.: Ste. 3000
28 City & State: Miami, FL
29 Zip: 33131
30 Country:

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

9. Name and Address of Current Registered Agent

James R. Heistand
1035 S. Semoran Blvd.
Ste. 1007
Winter Park, FL 32792

10. Name and Address of New Registered Agent

81 Name: Intrastate Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave. Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

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: Intrastate Registered Agent Corporation
Steven H. Hagen Vice President
(Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	James R. Heistand		1.2 NAME	James R. Heistand	
STREET ADDRESS	1035 S. Semoran Blvd. STe 1007		1.3 STREET ADDRESS	201 Pine Street Suite 701	
CITY-ST-ZIP	Winter Park, FL		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VS	☐ DELETE	2.1 TITLE	D/EVP/S/AT	☒ Change ☐ Addition
NAME	Allen de Olazarra		2.2 NAME	Allen de Olazarra	
STREET ADDRESS	3900 Wood Ave		2.3 STREET ADDRESS	201 Pine Street Suite 701	
CITY-ST-ZIP	Coconut Grove, FL		2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE		☐ DELETE	3.1 TITLE	D/VP/T/AS	☐ Change ☒ Addition
NAME			3.2 NAME	Dale Johannes	
STREET ADDRESS			3.3 STREET ADDRESS	201 Pine Street Suite 701	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Orlando, FL 32801	
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		

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***3630.00 ****165.00

CR2E034 (9/96)

14. I do 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 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 607, 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
(TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE) (TITLE OF INDIVIDUAL WHO SIGNED ABOVE) Date Daytime Phone #