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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070165 (2)

THE A.C.R. DEPOT, INC. Principal Place of Business Mailing Address S49 NE 31TH ST 2998 NW 48TH TERRACE STE 228 LAUDERDALE LAKES FL 33313-1614								
					 Date Incorporated or Qualified 09/12/1995 		te of Last 04/1996	Report
2. Principal F	Place of Business 2. N. DIXIE HWY	2a. Mailing Address			4. FEI Number			Applied For
ر 21] 7 (21] Suite, Apt		Suite, Apt. #, etc.	 		65-0609755			lot Applicable Additional
22		27			5. Certificate of Status Desired		* *	Required
City & Sta	LALIN BADY	City & State			6. Election Campaign Financing	F3		May Be
23 OAK 4	AND PARK Country	28	Count	'n/	Trust Fund Contribution 8. This corporation has liability for			to Fees
24 333.	34 25 BROWARD		30	. .	Florida Statutes	Yes [No	5. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered /	Agent	
	IDRY, ROLAND		8	1 Name				
2998 NW 48TH TERRACE LAUDERDALE LAKES FL 33313				2 Street Add	lress (P.O. Box Number is Not Accept	table)		
LAC	INCUMATE PAVES LT 20012		8	3			·	
			8	4 City			85 Zip	Code
	_		Ì	} ′		FL	. 1 1 1	
office or agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat Secution typest or period came of registered agent.						iointment a	is registered
					rired when rainstating)	DATE		
12.	OFFICERS AND		13.	3 000000000000000000000000000000000000	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
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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 repeiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on all attachment with an address.

SIGNATURE:

IGNATORE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97 954-489-2881

FILED

Apr 17 1997 8:00am

Secretary of State

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