SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 13 1998 8:00am Secretary of State

1. Corporation	on Name ACING, IN	P93000	1097288 (1)				T. S.
	-						
Principal Plac	e of Busines	SS	Mailing Address		·	- I ABBARBER FRE SERVE BRINK BONN DONN BONN B	ENIO 👬 INTRE HINN INNI IN 1681
378 145TH AVENUE 378 145TH AVENUE							
MADEIRA BEACH FL \$3708			MADEIRA BEACH FL 33708			DO NOT WRITE IN T	UIS BRACE
	<u> </u>					3. Date Incorporated or Qualified	TIS GFACE
	# P					12/26/1995	
2. Principal Place of Business 2a. Mailing Addre						4. FEI Number	Applied For
			26			<u>59-3349731</u>	Not Applicable
Suite, Apt.	#, etC.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		8. Election Campaign Financing	\$5.00 May Be	
23	<u>.</u>	T	28			Trust Fund Contribution	Added to Fees
Zip 24	· · · · · · · · · · · · · · · · · · ·	Country 25	Zip 29	Goun 30			Yes No
1100	1	and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Register	red Agent
HUH	STRA, PET	ER I			V. Name		
8640 SEMINOLE BLVD SEMINOLE FL 33772					82 Street Add	ddress (P.O. Box Number Is Not Acceptable)	
OLIV	100	00/1E			83		
	•			}	84 City		85 Zip Code
							- L II
11. Pursuani office or	to the provi registered a am femiliar v	sions of sections 607.0503 gent, or both, in the State with, and accept the obliga	z and 607.1508, Florida Statu : of Florida. Such change was ations of, section 607.0505, F	tes, the abo authorized	ve-named corp by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its registered opoingment as registered
SIGNATURE	<u> </u>		·	- Chida Otato			:
12.	Signature, types	or printed name of registered agen	n) and title if applicable (I ID DIRECTORS	NOTE: Registers	d Agent signature re	equired when reinstating) DAT	<u> </u>
TITLE	PSTD	OFFICERS AN	DELETE	13. 1.1 TITL	F	ADDITIONS/CHANGES TO OFFICERS	
NAME		TT, DOUGLAS E			1E		Change
STREET ADDRESS				1.3 STREET ADDRESS			<u>*</u>
CITY-ST-ZIP	MADEIRA	BEACH FL 33708		1.4 CITY	/-ST-ZIP		4
TITLE	3		DELETE	2.1 TITL	E		Change Addition
NAME				2.2 NAM	IE		
STREET ADDRESS	1			2.3 STR	EET ADDRESS		¥,
CITY-ST-ZIP					(-ST-ZIP		
TITLE NAME			L DELETE	3.1 TITL 3.2 NAM	1		Change Addition
STREET ADDRESS	÷				EET ADDRESS		7. E
CITY-ST-ZIP	4			3.4 CITY			
TITLE		···	DELETE	4.1 TITL			Change Addition
NAME				4.2 NAM	IE		The second second
STREET ADDRESS	*			4.3 STR	EET ADDRESS		
CITY-ST-ZIP				4.4 CITY	-ST-ZIP		*
TITLE	₹ :		DELETE	5.1 TiTU	E		Change Addition
NAME	# !			5.2 NAM			
STREET ADDRESS	197				EET ADDRESS		**************************************
CITY-ST-ZIP TITLE	- i -		Π	5.4 CITY			<u> </u>
NAME	3 4		L DELETE	6.1 TITL 6.2 NAM			Change
STREET ADDRESS					EET ADDRESS		**************************************
CITY-ST-ZIP	:			6.4 CITY			****
44 15	114 140 -1 -1			9,7 0// 1			<u> </u>

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 path; 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.