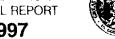
## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION** 



NNUAL REPORT



ANNU	RPORATION UAL REPORT				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
DOCUN 1. Corporation	n Name			0028	54 (3)	)									
ACORN	INDUSTRI	es, inc													
Principal Place of Business Mailing Address											IA COLIA BUILL CORII O	<b>Balla dal</b> aha	<b>io</b> ni <b>ic</b> ht in	ier sahat digi	OHTE IDET
3899 ULMERTO SUITE 1	N RD		3899 ULMERTON RD SUITE 1												
CLEARWATER FL 34622 CLEARWATER FL 34622-4214															
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2. Principal PI	ace of Busine	uss (	. 1	₩	ing Address			······································		4. FEI Numb	er	c-7 (. e	~\^		plied For
21 >> C Suite, Apt	C (1)	7+	<u>V.</u>	26 Suite	e, Apt. #, etc.						- Olele:			\$8.75 A	Applicable
22		,		27		4				5. Certificate	of Status Desir	ed		Fee Re	
23 5 . VE	to 4	4		City	& State						ampaign Finand Contribution	cing	П	\$5.00 Added to	
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24 33		5 nd Addre	ss of Current	29 Registered	Agent	30				Florida Sta	atutes  Address of N			No	
COR	N, ANDREW					<del></del>	81	Name	110	es. A	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3899 ULMERTON RD B2											mber is NorAc		e)		
SUITE 1								3	32	2 20	24	<u> </u>	•		
CLEARWATER FL 34622										<del></del>				12:1 3: 2	
							84	City ~	J.J.	Pete			FL	85 79	13
11. Pursuant to office or re agent. Lai	lo the provisio egistered age	ns of Sections, or both	ions 607.0502 , in the State	? and 607,15 of Florida. Si	08, Florida Sta uch change wa	tutes, the	above zed by	named the cor	corpo poratio	ration submits t n's board of dir	his statement for ectors. I hereby	or the pu	rpose of c	hanging its	registered registered
	m familiar with	i, and aco	ept the obliga	tions of, Sec	tion 607.0505,	Florida S	tatutes	i.							
	Signature typedio		of registered ager					nt signature	required	when reinstating)			DATE		
12.	D		FFICERS AND	DIRECTOR	DELETE	13	TITLE		П	ADDITIONS	CHANGES TO	OFFICI		Change	S IN 12 Addition
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C/TY-S1-ZiP		<del></del>					CITY-S						<del></del>		
<ol> <li>14. I do heret</li> </ol>	by certify that	the intorn.	ation supplied	i with this filli	ng does not qu	ially for th	ne exe	mption s	stated i	n Section 119.0	7(3)(i), Florida	Statutes	. Crurther o	ertity that	ine

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 12 if changed, or on an attachment with an address.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 15 1997 8:00am