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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011726 (2)

ACME COMPUTER CABLING, INC.

Principal Place of Business Mailing Address								
4631 N.W. 318	ST AVENUE	4631 N.W	4631 N.W. 31ST AVENUE					
SUITE 253 TAMARAC FL 33309		SUITE 253						
		IAMAHAC	TAMARAC FL 33309-3433			3. Date incorporated or Qualified 02/06/1996 3a. Date of Last Report		
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Number	1	Applied For
21		26	26			65-0639306	ļ	Not Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fe	e Required
City & State	0		City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country		28			Trust Fund Contribution		
一 `	ı' ⊢ ´ ⊢		Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Currer	29 of Registered 4	Agent	30		Florida Statutes 10. Name and Address of New Re-		
COL	RPORATE CREATIONS ENTERP		gork		Name	TO. Italie and Address of New No	gistered Agent	
4521 PGA BLVD.				L				
SUITE 211			1	Street A	ess (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS FL 33418				Ī	3			
			-	1	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statut	es, the abi	ve-named c	orporation submits this statement for the p		na its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the oblice.	of Horida, Suc ations of Section	ch change was a on 607 0505. Fil	authorized orida Statu	by the corpo	orporation submits this statement for the paration's board of directors. I hereby accep	it the appointmen	t as registered
SIGNATURE	The same of the same same same same same same same sam	0.00 10 0.1 00000	3,7,007,0000,77,	onad Gala				
SIGNATURE	Signature, typed or printed name of registered ag-	ent and tale if applica	tike (NOT	C. Ftogistered.	gent signature re	equired when reinstating)	DATE	
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D		DELET E	11111	E		Char	nge 🔲 Addition
NAME	WILLIAMS, STEVE R	N. N.T.E. 050			IE .			
STREET ADDRESS	% 4631 N.W. 31ST AVENUE S	SUITE 253			ET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33309				-ST-ZiP			
TITLE			DELETE.	2 1 1ITL			Char	nge L Addition
NAME				2 2 NAN	.			
STREET ADDRESS				2.3 STR	ET ADDRESS			
CITY-ST-ZIP			DECEM		(-ST-7IP			
TITLE				3.1 TiTL			Char	nge 🔲 Addition
NAME Street Address				3.2 NAN				
					ET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	3.4. CII 4.1 HTL	(- ST - 21P		Char	nge 🔲 Addition
NAME	- I state		4. 2 NAI			Onar	ige Li Addition	
STREET ADDRESS				B .	E1 ADDRESS			
CITY-ST-ZIP					- S1 - ZIP			
TITLE			5.1 1)!!			Char	nge	
NAME			_	5.2 NAN				
STREET ADDRESS					E1 ADDRESS			
CITY-ST-ZIP					-ST-ZIP			
TITLE			DELETE	6.1 TITL			Char	nge Addition
NAME				6.2 NAN				

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 fustee 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 all thment with an address.