

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

DOCUMENT # P96000051200 (1)

1. Corporation Name

ACH, INC.
Resources

Principal Place of Business

2153 S.R. 4344
LONGWOOD FL 32779

Mailing Address

2153 S.R. 4344
LONGWOOD FL 32779-4983

We, the
this
And
and
Sen

FILED
May 08 1997 8:00am
Secretary of State

3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

FIRST

2. Principal Place of Business

21 409 Montgomery Rd.
Suite, Apt. #, etc.
22 Suite 141

2a. Mailing Address

26 409 Montgomery Rd.
Suite, Apt. #, etc.
27 Suite 141

City & State

23 Altamonte Springs
Zip
24 32714

City & State

28 Altamonte Springs
Zip
29 32714

4. FEI Number

59-3385730

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

MINUTAGLIO, GEORGE E
2153 S.R. 4344
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name George E. Minutaglio
82 Street Address (P.O. Box Number is Not Acceptable)
409 Montgomery Rd.
Suite 141
83
84 City Altamonte Springs FL 85 Zip Code 32714

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME HALL, CHARLES L
STREET ADDRESS 2153 S.R. 4344
CITY-ST-ZIP LONGWOOD FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CHARLES L. HALL
409 Montgomery Rd. Suite 141
Altamonte Springs FL 32714

300002184343
-05/20/97--01003--048
***165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97