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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051355 (1)

1. Corporation Name
ACH MANAGEMENT, INC.



Principal Place of Business
2153 S.R. 4344
LONGWOOD FL 32779

Mailing Address
2153 S.R. 4344
LONGWOOD FL 32779-4983

2. Principal Place of Business
21 409 Montgomery Rd.
Suite, Apt. #, etc. Suite 141
22 City & State Altamonte Springs
23 Zip 32714 Country Semoran
24 32714 25 Semoran 29 32714 30 Semoran

3. Date Incorporated or Qualified 06/13/1996
3a. Date of Last Report First
4. FEI Number 59-3385728
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.
83 Suite 141
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]* (NOTE: Registered Agent signature required when reinstalling) DATE 5/1/97

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Charles L. Hall	☒ Change ☐ Addition
1.2 NAME	409 Montgomery Rd. Suite 141	
1.3 STREET ADDRESS	Altamonte Springs FL 32714	
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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]* (SIGNATURE REQUIRED) 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)