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

FILED
97 MAY -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000063111

1. Corporation Name
ACP-F, Inc.

Principal Place of Business
1035 S. Semoran Blvd.
Suite 1007
Winter Park, FL 32792

Mailing Address

2. Principal Place of Business
c/o Associated Capital Properties Inc. 201 Pine Street
Suite, Apt. #, etc.: Suite 701
City & State: Orlando, FL
Zip: 32801
Country:

2a. Mailing Address
701 Brickell Avenue
Suite, Apt. #, etc.: Suite 3000
City & State: Miami, FL
Zip: 33131
Country:

3. Date Incorporated or Qualified: 07/29/96
3a. Date of Last Report: n/a
4. FEI Number: 59-3394226 ☐ 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
Paralegal & Attorney Service Bureau, Inc.
1406 Hays Street, Suite 2
Hollywood, FL 32301

10. Name and Address of New Registered Agent
Name: Intrastate Registered Agent Corporatic
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue Suite 3000
City: Miami FL
Zip Code: 33131

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 obligations of, Section 607.0505, Florida Statutes.

Intrastate Registered Agent Corporation

SIGNATURE
Steven H. Hagen, Vice President
Signature, typed or printed name of registered agent and title if applicable (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
		1.2 NAME	James R. Heistand	
		1.3 STREET ADDRESS	201 Pine Street Suite 701	
		1.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE	D/EVP/S/AT	☒ Change ☐ Addition
		2.2 NAME	Allen de Olazarra	
		2.3 STREET ADDRESS	201 Pine Street Suite 701	
		2.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE	D/VP/T/AS	☒ Change ☐ Addition
		3.2 NAME	Dale Johannes	
		3.3 STREET ADDRESS	201 Pine Street Suite 701	
		3.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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CR2E034 (9/96)

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:
James R. Heistand, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date