## 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

P96000071445 (6) **DOCUMENT #** 

ACROMANIA, INC.

Mailing Address

Principal Place of Business

## **FILED** Apr 16 1997 8:00am Secretary of State



FRUIT COVE FL 32259		FRUIT COVE FL 32259-2946					
					3. Date Incorporated or Qualified 08/26/1996	3a. Date of Last R	eport
2. Principal f	table of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	, Ap	plied For
21		26		59-3405613	No	t Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc		5. Certificate of Status Desired Security \$8.75 Additional Fee Required			
City & Stat	16)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
A 444	9. Name and Address of Curre	nt Hegistered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
1	ANI, JOHN A JR.		8	1 Name			
	19 CREEK BEND ROAD		82 Street Add		dress (P.O. Box Number is Not Acceptal	ole)	
FRI	UIT COVE FL 32259						
			В	3			
			8	4 City		85 Zip (	Code
				- "		FL	
11. Pursuant office or i agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with land accept the obli	i02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	utes, the abo authorized Torida Statut	ve-named cor by the corpora es.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing it pt the appointment as	s registered registered
SIGNATURE							ì
O CO CO CO CO	Signature hyped or product name of registered a	gent and the if applicable (NC	OTE Registered A	gent signature req	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		· · · · · · · · · · · · · · · · · · ·
THE	D	☐ DELĒTE	1.1 TITUS	ļ		L Change	Addition
NAME	MILANI, JOHN A JR.		1.2 NAM	E			
STREET ADDRESS	1249 CREEK BEND ROAD		1.3 STRE	ET AODRESS			
CHY-S1-702	FRUIT COVE FL 32259		1.4 CITY	- ST - ZIP			
TITLE	D	DELETE	2.1 TITLE			L Change	Addition
NAME	MILANI, DEBORAH L		2.2 NAM	E			
STREET ADDRESS	1249 CREEK BEND ROAD		2.3 STRE	ET ADDRESS			
CHY - ST - Z61	FRUIT COVE FL 32259		2. 4 CITY	- ST- ZIP			
MILE	D	☐ DELETE	3 1 TITLE			Change	Addition
NAME	MILANI, WILLIAM G		3 2 NAM	E .			
STREET ADDRESS	1867-A BULLENE DRIVE		33 STRE	ET ADDRESS			
CETV - S1 - Z12	FREDERICK MD 21702		3.4. £(TY	-ST-ZIP			
144.0	D	☐ DELETE	4.1 TiTU		D	☐ Change	Addition
NAML	MILANI, QYNTHIA 1867-A BULLENE-T		4 2 NAN	IE 📗	MILANI, CYNTHIA		
STREET ADORESS	1867-A BULLENE-T	RIVE	4.3 STRE	ET ADDRESS	1167-A BULLENE DI	uva	
CDY SI-70	PREDERICK, MD	21702	4.4 CITY	- ST - Z(P	MILANI, CYNTHIA 1167-A BULLENE DI PREDBRIEK, MD	21702	
1/11.6		DELETE	5,1 <b>T</b> (T)	=		☐ Change	Addition
NAME			5.2 NAM	E			
STEFF LADORESS			5,3 STRE	ET ADDRESS			
Olv-St ZIF			5.4 CITY	-ST-ZIP			
TITLE		DELETE	61 [[[]			Change	Addition
NAME			6.2 NAM	E	•		
STREET ADDRESS:	-		6.3 STRE	ET ADDRESS			
č ly-st zip			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

SIGNATURE:

16HN A.MILANI dR 3/19/17