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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000071445 (6)

ACROMANIA, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1249 CREEK BEND ROAD 1249 CREEK BEND ROAD FRUIT COVE FL 32259 FRUIT COVE FL 32259 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3405613 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No Yes Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILANI, JOHN A JR. 1249 CREEK BEND ROAD Street Address (P.O. Box Number is Not Acceptable) FRUIT COVE FL 32259 83 84 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ___ Addition MILANI, JOHN A JR. NAME 1.2 NAME 1249 CREEK BEND ROAD STREET ADDRESS 1.3 STREET ADDRESS FRUIT COVE FL 32259 CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Change Addition TITLE 2.1 TITLE MILANI, DEBORAH L NAME 2.2 NAME 1249 CREEK BEND ROAD STREET ADDRESS 2.3 STREET ADDRESS FRUIT COVE FL 32259 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE MILANI, WILLIAM G NAME 3.2 NAME 9308 GLEN HEATHER DR. 1867-A BULLENE DRIVE STREET ADDRESS 3.3 STREET ADDRESS FREDERICK FREDERICK MD 21702 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE MILANI, CYNTHIA NAME 4. 2 NAME 8308 GLEN HEATHER DR 1867-A BULLENE DRIVE STREET ADDRESS 4.3 STREET ADDRESS FREDERICK MD CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

6.4 CITY - ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JATA-TOPMILINE JOHN A. MILWI J R 1/5/98 904287-9758

CR2E034 (10/97)