## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000034478 (2)

A/C PRODUCTS INCORPORATED

Principal Place of Business Mailing Address							PR BUBUL BUBAL PR		
3150 EAGLES LANDING CIRCLE WEST			3150 EAGLES LANDING CIRCLE WEST						
CLEARWATER FL 34621			CLEARWATER FL 34621				DO NOT WRITE IN THIS	SPACE	
}							3. Date Incorporated or Qualified	OI AOL	
1							04/16/1997		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	I A	pplied For
21			26				59-3441176		ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional
22		27	.]				5. Certificate of Status Desired	Fee R	equired
	City & State		City & State				6. Election Campaign Financing		May Be
23		28	<u> </u>				Trust Fund Contribution		to Fees
Zip			Zip Country			8. This corporation owes or has paid the cu	rrept year In	tangible	
24			9]  30				1		□ No
	g, Name and Address of Curre	nt Regis	tered Agent		-т		10. Name and Address of New Registered	Agent	
MY	ers, melvin j			18	1	Name			
3150 EAGLES LANDING CIRCLE WEST				l e	32 Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 34621					┙				
				8	3				
				i a	4	City		85 Zip	Code
					1		FŁ	-	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statu	tes, the abo	yΘ	-named corp	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	if changing i	ts registered
agent. La	ngistered agent, or both, in the State of familiar with, and accept the obliq	e of Fione jations of	sa such change was LSection 607.0505, F	aumonzeo Iorida Statut	by les.	the corporati	ion's board or directors, rinereby accept the app	omment as	registered
SIGNATURE									
<del></del>	Signature, typed or ponted name of registered as				gen	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECT						ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD				1.1 TITLE			☐ Change	Addition
NAME	1111-21101 11101				1.2 NAME				
STREET ADDRESS	14615 DARTMOOR LANE					ADDRESS			i
CITY-\$1-ZIP	TAMPA FL 33624		T DESCRIPTION OF THE PERSON OF	1.4 CITY		-7(P		0/0	77 (749)
TITLE	STVD			2.1 TITLE	•			Change	Addition
NAME	HOLLANDER, AUDREY M				2.2 NAME				
STREET ADDRESS	2977 ELYSIUM WAY					ADDRESS -		22	260
CITY-ST-ZIP	CLEARWATER FL 34619			2 4 CITY	_	F-ZIP		<u> </u>	127
TITLE			DETETE	3.1 TITL				Change	☐ Addition
NAME				3.2 NAM					i
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			Decem	3.4. C(T)		[-ZIP		1 05	1 1 2 2 2 2 2 2
TITLE			DELETE	4.1 TfTL				☐ Change	Addition
NAME				4. 2 NAN		l l			}
STREET ADDRESS				4		ADDRESS			
CITY-ST-ZIP				4.4 CITY		- ZIP		110	1 1 4 2 2 2 2 2 2
TITLE			DELETE	5 1 TITLE				Change	☐ Addition
NAME				5 2 NAM		ļ			
STREET ADDRESS						ADDRESS			
CITY-S1-ZIP				5.4 CITY		-ZIP		110	7 1 4 cee
TITLE			☐ DELETE	6.1 TITL				☐ Change	Addition
NAME				6.2 NAM					
STREET ADDRESS				6.3 STRE	ET A	ADDRESS			

14. I 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 13 if changed, or on an attachment with an address audiey M. Hollander Audrey M. Hollander 4/2/98 813-521-3569

**FILED** 

Apr 07 1998 8:00am

Secretary of State