

4/27/98 B-5605-C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040498 (2)

1. Corporation Name

ACREAGE BUSINESS SERVICES, INCORPORATED

Principal Place of Business

16967 MURCOTT BOULEVARD
LOXAHATCHEE FL 33470

Mailing Address

16967 MURCOTT BOULEVARD
LOXAHATCHEE FL 33470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/05/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		45-0754713	
24 Country		29 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DWYER, KIMBERLEE				81 Name	
16967 MURCOTT BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)	
LOXAHATCHEE FL 33470				83	
				84 City	
				FL 85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	
NAME	Kimberlee Dwyer	12 NAME	
STREET ADDRESS	16967 Murcott Blvd	13 STREET ADDRESS	
CITY-ST-ZIP	Loxahatchee, FL 33470	14 CITY-ST-ZIP	
TITLE	Vice-President/Sec	21 TITLE	
NAME	Joseph Dwyer	22 NAME	
STREET ADDRESS	16967 Murcott Blvd	23 STREET ADDRESS	
CITY-ST-ZIP	Loxahatchee, FL 33470	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kimberlee Dwyer

1/27/98 (50)753-0461

CR2E034 (10/97)