

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
--	---	--

DOCUMENT # P97000056049 (4)
1. Corporation Name
U.S. ACRYLICS, INC.

Principal Place of Business 6601 LYONS ROAD SUITE H-7 COCONUT CREEK FL 33073	Mailing Address 6601 LYONS ROAD SUITE H-7 COCONUT CREEK FL 33073
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/25/1997 4. FEI Number 65-0763975 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
---	--	---

9. Name and Address of Current Registered Agent TROMBERG, JEFFREY H 834 N.W. 110TH AVENUE PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name Joe Baglier 82 Street Address (P.O. Box Number is Not Acceptable) 6601 Lyons Road, Suite H-7 83 84 City Coconut Creek, FL 85 Zip Code 33073
--	---

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 *Joe Baglier President* 4-8-98
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	NAME	1.1 TITLE	1.2 NAME
NAME	PD BAGLIER, JOE	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	6601 LYONS ROAD, SUITE H-7	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	COCONUT CREEK FL 33073	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	VTSD	3.1 TITLE	3.2 NAME
NAME	ALMAN, SHEILA	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	8011 BLUE RIDGE LANE	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	PARKLAND FL 33067	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 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: *Joe Baglier President* 4-8-98
Signature typed or printed name of signing officer or director Date Daytime Phone # 0160876

CR2E034 (10/97)