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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90032 048 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067399

1. Corporation Name
ACM FINANCIAL, INC.

Principal Place of Business
**10402 NORTH 27TH STREET
TAMPA FL 33612**

Mailing Address
**P.O. BOX 280486
TAMPA FL 33682**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

59-3460643

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1921 Oxnard Ct

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33612

Country

25 Hillsborough

City & State

27

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

**MARAJ, SUDESH
6829 MITCHELL CIRCLE
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

MARAJ, SUDESH

82 Street Address (P.O. Box Number is Not Acceptable)

1921 OXNARD COURT

83

84 City **Tampa**

FL

85 Zip Code
33612

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

TITLE ☐ DELETE

NAME **PSD MARAJ, SUDESH**
STREET ADDRESS **10402 NORTH 27TH STREET**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ DELETE

NAME **T MARAJ, LAURA**
STREET ADDRESS **6829 MITCHELL CIRCLE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ DELETE

NAME **V CLENDEN, TARA M**
STREET ADDRESS **10402 N 27TH STREET**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PSD MARAJ, SUDESH**
STREET ADDRESS **1921 OXNARD COURT**
CITY-ST-ZIP **TAMPA FL 33612**

2.1 TITLE ☒ Change ☐ Addition

NAME **T MARAJ, LAURA**
STREET ADDRESS **1921 OXNARD COURT**
CITY-ST-ZIP **TAMPA FL 33612**

3.1 TITLE ☐ Change ☒ Addition

NAME **S SARA MAHARAJ**
STREET ADDRESS **1921 OXNARD COURT**
CITY-ST-ZIP **TAMPA FL 33612**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-29-99

813-632-9930

Date

Daytime Phone #

CR2E034 (11/98)