PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000033466 1. Corporation Name

TO ACIA INC

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90198 004 ***150.00

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D: : : D 1	D	Mailing Address						A COURT HAIL BLAND	FANCE BILL 1881	
Principal Place of E		· ·	10 OTF 4							
2919 E COMMERCIAL BLVD. STE A 2919 E COMMERCIAL BLVD. S FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308										
TOTAL CAUDISTONIES	1 E 33300	TOTAL CHOOSEHOMEE TE O	7000				DO NOT WRITE IN THE	S SPACE		
						3. Date Inc. 04/10/	orporated or Qualifed 1998			
2. Principal Place	of Business	2a. Mailing Address				4. FEI Nun		Ap	r lied For	
21		26				105-	0842773	No	t Applicable	
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.				5 Certifox	e of Status Desired	*8.75 ×		
22		27				5. Certificati	e of Glatua Desireo	Fee Re	c uired	
City & State		City & State				6. Election	Campaign Financing	\$5.00	- 1	
		28					nd Contribution	Added 1	c Fees	
Zip	Cour try Zip		L	Country			poration owes the current year		I⊒No	
24	25	29	30	F			I Property Tax.	Yes		
9.	Name and Address of Current	Registered Agent		81	Name	10. Name a	nd Address of New Registered	1 Agent		
ALLEN H	H KAT7 PA			"	Name					i
ALLEN H. KATZ PA 2919 E COMMERCIAL BLVD, STE A					Street Ac	dress (P.O. Box	Number is Not Acceptable)	_		
	AUDERDALE FL 33308			83			<u> </u>			
TOTAL	AODENDALE I E 30000			03						
				84	City			85 Zip (Code	
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office or regist	ne provisions of Sections 607.0502 tered agent, or both, in the State of	f Florida. Such change was :	authorized	d by 1	the corpora	rporation submits tion's board of ci	rectors. I hereby accept the app	ointment as re	gistered	
agent. am far	miliar with, and accept the obligati	ons of, Section 607.0505, FI	orida Stat	tutes.						
SIGNATURE							DATE			
	ature, typed or printed na ne of registered agent OFFICERS ANI	,	13.	<u> </u>	signature requ	red when reinstating)	NS/CHANGES TO OFFICERS /	ND DIRECTO)E S IN 12	ć
TITLE)	DELETE	1.1 TO			ABBITIK	10/01/11/02/01/02/10/1	☐ Change	Addition	7
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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 1.2 or Block 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR