

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S61517**  
1. Corporation Name: **# SYSTEMS**  
**ACR EQUIPMENT, INC.**

(6)



Principal Place of Business: **12155-1A METRO PARKWAY #1 FT. MYERS FL 33912 US**  
Mailing Address: **12155-1A METRO PARKWAY #1 FT. MYERS FL 33912 US**

3. Date Incorporated or Qualified: **06/21/1991**  
3a. Date of Last Report: **02/02/1995**  
4. FEE Number: ~~37-1169664~~ **65058732**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: State, Apt. #, etc. City & State Zip Country  
22. State, Apt. #, etc. City & State Zip Country  
23. State, Apt. #, etc. City & State Zip Country  
24. State, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRILES JOEL M  
12155-1A METRO PARKWAY SE  
SUITE 1  
FT. MYERS FL 33907~~

81 Name: **GARY A. LEE**  
82 Street Address (P.O. Box Number is Not Acceptable): **12155-1A METRO PARKWAY SE**  
83 City: **FT. MYERS** FL 85 Zip Code: **33907**

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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. Thereby accept the appointment as registered agent I am

SIGNATURE: *GARY A. LEE* *Joey A. Lee* **1/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<del>PD BRILES JOEL M. 12155-1A METRO PARKWAY SE FT. MYERS FL</del>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<del>STD BRILES, SUE C. 12155-1A METRO PARKWAY SE FT. MYERS FL</del>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE	<del>PRESIDENT/CEO GARY A. LEE 12155-1A METRO PARKWAY SE FT MYERS, FLA. 33912</del>	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<del>SECRETARY ART H. STANTON 12155-1A METRO PARKWAY SE. FT MYERS, Florida 33912</del>	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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; a id that my name appears in Block 12 or Block 13 if changes to or on an attachment with an address.

SIGNATURE: *GARY A. LEE* *Joey A. Lee* **1/12/96** **941 4541480**

CR2E034 (12/95)