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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S82623 (7)
1. Corporation Name
ACME CONSULTANTS INT'L, INC.



Principal Place of Business
1301 U.S. HIGHWAY ONE, SUITE 36
NORTH PALM BEACH FL 33408

Mailing Address
1201 U.S. HIGHWAY ONE, SUITE 36
NORTH PALM BEACH FL 33408-3546

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
02/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Fajardo Medical Plaza	26 Suite, Apt. #, etc.	65-0285254	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Calle Union 110, Suite 101	27	<input type="checkbox"/>	
23 City & State	28 City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Fajardo, P.R.	28	Trust Fund Contribution	<input type="checkbox"/>
24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 00738	29		
25 Country	30 Country		
25 USA	30		

9. Name and Address of Current Registered Agent

AVIS, DEBORAH K.
1201 US HWY ONE
STE 36
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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	PV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, WARD E	1.2 NAME	
STREET ADDRESS	2622 N. MAIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	MC ALISTER OK 74501	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, GAY R	2.2 NAME	
STREET ADDRESS	2622 N. MAIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MC ALISTER OK 74501	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

Ward E. Foster

Gay R. Foster

Ward E. Foster

CR2E034 (9/96)