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DIVISION OF CORPORATIONS

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S 82623 1. Corporation Name ACME CONSULTANTS INT'L, INC.		

REINSTATEMENT 98-99

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 70005 SUITE 263 FAJARDO, PR 00722		2a. Mailing Address 1901 BRINSON RD K-10 LUTZ, FL 33549		3. Date incorporated or Qualified SEPTEMBER 23, 1991	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 65-0285254	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE <i>Gay R. Foster</i>				DATE 10/18/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE PRESIDENT, DIRECTOR WARDE E. FOSTER 1901 BRINSON RD, K-10 LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003031417-- -11/01/99--01128--002 ***908.75 Change***908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE SECRETARY, TREASURER, DIRECTOR GAY R. FOSTER 1901 BRINSON RD, K-10 LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10/26
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the assumption 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, 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: *Gay R. Foster* 10/18/99

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