## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25026

(8)

**ACUITY SYSTEMS INCORPORATED** 

FILED
May 02 1997 8:00am
Secretary of State



Principal Place of Business 2684 8.W. 23 TERRACE DOCK 11 FORT LAUDERDALE FL 33312 US		2684 S.W. 23 DOCK 11	FORT LAUDERDALE FL 33312-4875			3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1992 08/26/1996			
2. Principal Place of B	2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For			
Suite, Apt. #, etc.		26				65-0337487	Not Applicable		
22 City & State		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		26				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 10 10 10 10 10 10 10 10 10 10 10 10 10								
		nt Hegistered Ager	)t	81	1 Name	10. Name and Address of New Re	gistered Agent		
BUDNICK, R				Name					
2684 S.W. 2				82 Street Address (P.O. Box Number is Not Acceptable)					
DOCK 11 FORT LAUD				<del> </del>					
				84	City		<b>—.</b> 85	Zıp Code	
				Ì	/		$HL \sqcup L$	· .	
SIGNATURE	agent, or both, in the State r with, and accept the oblig	ations of, Section 6	07.0505, Florida	a Statuto	S.	orporation submits this statement for the pation's board of directors. I hereby acceptions the reinstalling	urpose of chang It the appointmen	ing its registered	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE DPS			DELETE	1.1 HILE			☐ Cha	inge 🔲 Addition	
NAME BUDN			1.2 NAME 1.3 STREET ADDRESS				-		
STREET ADDRESS 2184 S.W. 23 TERRACE, DOCK FT. LAUDERDALE FL		K 11						li li	
	UDERDALE FL			1.# CHY- S	51 - ZIP				
TITLE			DELETE :	2 1 TITLE	ì		☐ Cha	inge Addition	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS	•			
CITY-ST-ZIP				2 4 CITY-	ST-7IP				
TITLE		LJ	DELETE	3.1 TITLE			∐ Cha	nge [_] Addition	
NAME				3.2 NAME					
STREET ADDRESS				3 9 STREET					
CITY-ST-ZIP TITLE			DELETE	34. CITY -	S1 - ZIP		77.7	nna   1449-1	
NAME		ليا	DELLIL	4.1 TITLE			∐ Cha	nge [_] Addition	
STREET ADDRESS				4 2 NAME 4 3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S					
TITLE				5.1 TILE			☐ Cha	nge Addition	
NAME			ı	5.2 NAME			<del>_</del>		
STREET ADDRESS				5.3 \$1REFT	ADDRESS				
City-St-ZIP			1	5.4 CITY - 9	iT - ZIP				
TITLE			DELFTE	6.1 117LF			☐ Cha	nge Addition	
NAME			į	6.2 NAME					
STREET ADDRESS				6.3 STREET	AODRESS				
CITY-ST-ZIP			ŀ	6.4 CHTY - S	+			-	
14 I do hereby certify:	that the information	d with this line doe	o not evalify fo	e diese man		ad in Continue 440 07/0V/V Figure 1 - Out 1			

4. 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 part at or supplier rulal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the companion or the province or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block of chapter 607 in attachment with an address.

HOMATURE PARTIE A COLO