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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V53401 1. Corporation Name

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90149 048 \*\*\*150.00

ACRYLIC IMAGES, INC.						
Principal P ace of Business	Mailing Address			# 1 TO BE 1 TO BE 1 THE POPE 1	181 E1811 Bibrt Bibrt Bibli Bibli	JIEII 1881
2011 NW 29TH STREET OAKLAND PARK FL 33311  2011 NW 29TH STREET OAKLAND PARK FL 33311						
				DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualifed	<del></del>	-
				07/23/1992		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applie	d For
21	26			65-0348578		oplicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	∃ <b>\$8.75</b> A∃di Fee Requir	
22	27		<del></del>			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	□ <b>\$5.00</b> May Added to Fo	
Zip Cour try		Count		8. This corporation owes the current		-
24 25	<b>└</b> ′	30	. ,	Persor al Property Tax.		No
9. Name and Address of C				10. Name and Address of New Reg	istere d Agent	
		ε	Name			į.
POTTER, JACQUELINE		1	Street Ac dr	ress (P.O. Bo) Number is Not Acceptable	<u> </u>	
2011 NW 29TH STREET		_				
OAKLAND PARK FL 33311		8	33			
		8	34 City		85 Zip Code	e
11. Pursuant to the provisions of Sections 60					FL	ictored
11. Pursuant to the provisions or Sections ou office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	State of Florida, Such change was a obligations of, Section 607.0505, Flor	itnorized t ida Statut	es.	on's poard of directors. Thereby accept a	ie appointment as reg su	sieu -
Signature, typed or printed na ne of registe		Registered A	gent signature require	ADDITIONS/CHANGES TO OFFIC	DATE NO DIRECTORS	IN 12
<del></del>	RS AND DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OTHE		Addition
NAME POTTER, DONALD VINCE		1.2 NAM			_ •	
STREET ADDRESS 7527 SW 6TH CT	****		EET ADDRESS			}
	NORTH LAUDERDALE FL		-ST-ZIP			
TITLE			<u> </u>		Change [	Addition
NAME		22 NAM	ε			İ
STREET ADDRE 3S		2.3 STR	EET ADDRESS			}
CITY-ST-ZIP		2. 4 CIT	r-ST-ZiP			
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NAME		3.2 NAM	E			
STREET ADDRE 3S		33\$TR	EET ADDRESS			]
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NAME		4. 2 NAN	ΛE			
STREET ADDRESS			EET ADDRESS			
CITY-ST-ZIP	T or cre	_	'-ST-ZIP		☐ Change 〔	Addition
TITLE	L DELETE	☐ DELETE 5.1 TITLE 5.2 NAME			□ Change [	
NAME			EET ADDRESS			1
STREET ADDRESS						
City-St-ZIP	DELETE	6.1 TITL	'-ST-ZIP		☐ Change	Addition
TITLE		6.2 NAM				_
NAME			EET ADDRESS			- [
STREET ADDRESS		0.5518				}

64 CITY-ST-ZIP

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 12 or Block 13 if changed or on an attach peny littran address with a other like empowered.

SIGNATURE:X

SIGNING OFFICEF OR DIRECTOR

4-22-99

CR2E034 (11/98)