

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K57642 (6)**  
1. Corporation Name  
**ASSOCIATION OF CAPITAL AND EMPLOYEES, INC. (A.C.E.)**



Principal Place of Business: **640 SOUTH SELFER STREET QUINCY FL 32351**  
Mailing Address: **640 SOUTH SELFER STREET QUINCY FL 32351**

3. Date incorporated or Qualified: **01/11/1989**  
3a. Date of Last Report: **02/20/1995**  
4. FEI Number: **59-2924832**  
Applied For:  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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**KUBIK, STEPHEN J.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent  
81 Name: **ALBERT B. ASSADURIAN**  
82 Street Address (P.O. Box Number is Not Acceptable): **1560-3 CAPITAL CR. N.W.**  
84 City: **TALLAHASSEE** FL 85 Zip Code: **32303**

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]*  
Signature, typed or printed name of registered agent and the incorporator.

12. OFFICERS AND DIRECTORS

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | CP                      | <input type="checkbox"/> DELETE |
| NAME            | ZUBR, WALCLAW           |                                 |
| STREET ADDRESS  | AVE.PPL. DELOS CHORROS  |                                 |
| CITY - ST - ZIP | CARACAS ZP1061, VEN.    |                                 |
| TITLE           | VT                      | <input type="checkbox"/> DELETE |
| NAME            | ZUBR, WANDA             |                                 |
| STREET ADDRESS  | AVE.PPL DELOS CHORROS   |                                 |
| CITY - ST - ZIP | CARACAS ZP1061, VEN.    |                                 |
| TITLE           | S                       | <input type="checkbox"/> DELETE |
| NAME            | SMITH, HALINA E.        |                                 |
| STREET ADDRESS  | 1833 HALSTEAD BLVD.#802 |                                 |
| CITY - ST - ZIP | TALLAHASSEE FL          |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

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)(k), 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; that 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: *[Signature]* **WANDA ZUBR.** 4/18/96 (904)627-7171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)