

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000526 (3)**

1. Corporation Name

ACME COMMERCIAL CORPORATION

Principal Place of Business

11090 W. BROAD ST
RICHMOND VA 23060

Mailing Address

11090 W. BROAD ST
RICHMOND VA 23060



2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

3. Date Incorporated or Qualified	02/03/1994	3a. Date of Last Report	05/01/1995
4. FEI Number	54-0649949	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

11. Pursuant to the provisions of Sections 607.007 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.007, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, RICHARD L	12 NAME	
STREET ADDRESS	9950 MAYLAND DR	13 STREET ADDRESS	
CITY, ST, ZIP	RICHMOND VA	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	22 NAME	
NAME	LIGON, W. AUSTIN	23 STREET ADDRESS	
STREET ADDRESS	9950 MAYLAND DR.	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	RICHMOND VA	32 NAME	
TITLE	V	33 STREET ADDRESS	
NAME	O'NEIL, MARK F	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4212 PARK PLACE COURT	42 NAME	
CITY, ST, ZIP	GLEN ALLEN VA	43 STREET ADDRESS	
TITLE	VS	44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALIFOUX, MICHAEL T	52 NAME	
STREET ADDRESS	9950 MAYLAND DR	53 STREET ADDRESS	
CITY, ST, ZIP	RICHMOND VA	54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	62 NAME	
NAME	DUNN, PHILIP J	63 STREET ADDRESS	
STREET ADDRESS	9950 MAYLAND DR	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	RICHMOND VA	72 NAME	
TITLE		73 STREET ADDRESS	
NAME		74 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntary, furnished in good faith and of quality for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my September statement shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form and on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Dunn

Philip J. Dunn 4-8-96

CR2E034 (12/95)