

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005338 (7)**  
 1. Corporation Name  
**ACMC REALTY, INC.**



Principal Place of Business <b>26541 AGOURA ROAD SUITE 100 CALABASAS CA 91302</b>	Mailing Address <b>26541 AGOURA ROAD SUITE 100 CALABASAS CA 91302-1933</b>
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3. Date Incorporated or Qualified <b>11/01/1995</b>	3a. Date of Last Report <b>02/28/1996</b>
4. FEI Number <b>95-4537645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, HOWARD J	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WHITE, TIMOTHY L	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSE, HAROLD C	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, JEFFREY	
STREET ADDRESS	51-53 NEWARK STREET	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GSSERT, PETER	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, NEIL	
STREET ADDRESS	220 WEST HURON, STE 500 WEST	
CITY-ST-ZIP	CHICAGO IL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	DONNA KIGER
4.4 CITY-ST-ZIP	26541 AGOURA ROAD, STE 100 CALABASAS CA 91302
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

**SIGNATURE:** *Donna Kiger* **SIGNATURE REQUIRED** 1/23/97 (818) 880-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X241

CP2E034 (9/96)