

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K22448 (0)
 1. Corporation Name
ALL PRO REALTY SPECIALISTS, INC.

Principal Place of Business 11410 SAN JOSE BLVD JACKSONVILLE FL 32223 US	Mailing Address 11410 SAN JOSE BLVD JACKSONVILLE FL 32223 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9471		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1988	
21 Suite 202 Baymeadows Rd	26 Suite 201	4. FEI Number 59-2958937		Applied For Not Applicable	
22 JACKSONVILLE, Florida	27 9471 BAYMEADOWS ROAD	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 32256	28 JACKSONVILLE, FLA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 DUAL	29 32256	30 DUAL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAM J. BLOODWORTH 11410 SAN JOSE BLVD Suite 202 JACKSONVILLE FL 32223 9471 BAYMEADOWS ROAD JACKSONVILLE, FLA 32256				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOODWORTH, WILLIAM J	1.2 NAME	
STREET ADDRESS	7911 BAYMEADOWS CIR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOODWORTH, NANCY P	2.2 NAME	
STREET ADDRESS	7911 BAYMEADOWS CIR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address.

SIGNATURE *William J. Bloodworth* *Nancy P. Bloodworth* **4/17/98** **904-739-9000**

CR2E034 (10/97)