FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K38559** **(6)**

1. Corporation Name
ACADEMY OF REAL ESTATE EDUCATION, INC.

Principal Place of Business	Mailing Address
13611 MCGREGOR BLVD., SUITE #8 FT MYERS FL 33919	13611 MCGREGOR BLVD., SUITE #8 FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0081923	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~VAN VLIET~~, AUDREY M.
9309 LENNEX LN
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: AUDREY M. CONTI
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: Audrey M. Conti (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when file status) DATE: 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	11 TITLE	AUDREY M. CONTI	☐ Change ☐ Addition
NAME	~~VAN VLIET~~, AUDREY M.	12 NAME		
STREET ADDRESS	9309 LENNEX LN	13 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL 33919	14 CITY ST ZIP		
TITLE	CD	21 TITLE	AUDREY M. CONTI	☐ Change ☐ Addition
NAME	~~VAN VLIET~~, AUDREY M.	22 NAME		
STREET ADDRESS	9309 LENNEX LN	23 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL 33919	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: Audrey M. Conti 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0323404 CP