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Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P15353 (6)

1. Corporation Name  
AUTOMATED REAL ESTATE SERVICES, INC.



Principal Place of Business  
1401 SOUTH 14TH STREET, SUITE N  
FERNANDINA BEACH FL 32034

Mailing Address  
1401 SOUTH 14TH STREET, SUITE N  
FERNANDINA BEACH FL 32034-3048

3. Date Incorporated or Qualified 07/27/1987	3a. Date of Last Report 03/12/1996
4. FEI Number 11-2797725	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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**BLACKBURN, BRYAN E., ATTY.**  
**1921 DEWEY PLACE**  
**4423 KELREPA DRIVE**  
**JACKSONVILLE FL 32207**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME:	PD LOPEZ, ANTHONY F.
STREET ADDRESS:	RT. 3, BOX 218 "L"
CITY - ST - ZIP:	FERNANDINA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME:	SD LOPEZ, AUSTIN S.
STREET ADDRESS:	3873 HEMPSTEAD TURNPIKE
CITY - ST - ZIP:	LEVITTOWN NY
TITLE	<input type="checkbox"/> DELETE
NAME:	TD LOPEZ, BARBARA
STREET ADDRESS:	RT. 3, BOX 218 "L"
CITY - ST - ZIP:	FERNANDINA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME:	SD LOPEZ, CAROL ST. JOHN
STREET ADDRESS:	3873 HEMPSTEAD TURNPIKE
CITY - ST - ZIP:	LEVITTOWN NY
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 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: *Anthony F. Lopez* ANTHONY F. LOPEZ 3/5/97 904 261-5859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)