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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 447400

(3)

ACCLAIMED REAL ESTATE, INC.

FILED
Jan 20 1998 8:00am
Secretary of State

D: : 10					01011 01011 01011 1 1011 1081
Principal Place of Business		Mailing Address			
	RE PARKWAY STE I	7552 NAVARRE PARKWAY	STE I		
NAVARRE FL 32566		NAVARRE FL 32568		DO NOT WRITE IN THIS SPACE	
ļ				3. Date Incorporated or Qualified	OI NOE
-				03/08/1974	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2577806	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25		ю		☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	rocco, raymond m		81 Name		
6610 NO UNIVERSITY DR #220				ess (P.O. Box Number is Not Acceptable)	
TAMARAC FL 33321			oli oci radir	oss (1.0. box (tallibe) is free Acceptacie)	
			83		
			84 City	· · · · · · · · · · · · · · · · · · ·	leel is out
			84 City	FL	85 Zip Code
1). 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, typod or printed nemo of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	······································	Change Addition
NAME	FISCHER, HENRY W		1.2 NAME		, .
STREET ADDRESS	7552 NAVARRE PKWY STE I		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		1.4 CiTY-ST-ZIP		
TITLE	VS	DELETE	21 THILE		Change Addition
NAME	FISCHER, BEATRICE C		22 NAME		
STREET ADDRESS	7552 NAVARRE PKWY. STE I		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME		- - -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		tend Pitti	6.2 NAME		C ondings C Patrickin
					İ
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.