


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

FILED

Apr 28 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 # 557362 1. Corporation Name ACADEMY OF REAL ESTATE, INC.					
Principal Place of Business 635 S. Orange Ave. Suite #16 Sarasota, FL 34236			Mailing Address 6023 26th St. W. #103 Bradenton, FL 34207		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 635 S. Orange Ave. Suite, Apt. #, etc. 27 Suite #16 City & State 28 Sarasota, FL Zip Country 29 34236 30 USA		3. Date Incorporated or Qualified 01/16/1978	
				3a. Date of Last Report 04/26/96	
				4. FEI Number 59-1787511	
				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARDING, WARREN G. 6023 26th St. W. #103 Bradenton, FL 34207			10. Name and Address of New Registered Agent 81 Name HARDING, WARREN G. 82 Street Address (P.O. Box Number is Not Acceptable) 4560 COOPER RD. 83 84 City SARASOTA, FL 85 Zip Code FL 34232		
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 _____ (Type or print name of registered agent if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE PD <input type="checkbox"/> DELETE 1.2 NAME HARDING, WARREN G. 1.3 STREET ADDRESS 6023 26th St. W. #103 1.4 CITY-ST-ZIP BRADENTON, FL 34207 2.1 TITLE STD <input type="checkbox"/> DELETE 2.2 NAME HARDING, LOIS A. 2.3 STREET ADDRESS 6023 26th St. W. #103 2.4 CITY-ST-ZIP BRADENTON, FL 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME HARDING, WARREN G. 1.3 STREET ADDRESS 4560 COOPER RD. 1.4 CITY-ST-ZIP SARASOTA, FL 34232 2.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME HARDING, LOIS A. 2.3 STREET ADDRESS 4560 COOPER RD. 2.4 CITY-ST-ZIP SARASOTA, FL 34232 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 type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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 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: <i>Lois A. Harding, Sec.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lois A. Harding, Secretary			4/23/97 (408) 376-2118 Date Day/Min Phone #		

CR2E034 (9/96)