

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

FILED
May 06 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 # **J78601** (8)
1. Corporation Name
ACORN PROPERTY INVESTMENTS, INC.



Principal Place of Business 2031 HENDRICKS AVE JACKSONVILLE FL 32207 US	Mailing Address 2031 HENDRICKS AVE JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2022 Hendricks Avenue Suite, Apt. #, etc. 22 Jacksonville, FL City & State 23 32207 25 USA Zip Country		2a. Mailing Address 26 2022 Hendricks Avenue Suite, Apt. #, etc. 27 Jacksonville, FL City & State 28 32207 30 USA Zip Country		3. Date Incorporated or Qualified 06/16/1987	
		4. FEI Number 59-2825440		Applied For <input type="checkbox"/> 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 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 SANDS, J. KEITH M. 1551 ATLANTIC BLVD, STE 200 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name Sherrie W. Salen 82 Street Address (P.O. Box Number is Not Acceptable) 2022 Hendricks Avenue 83 City Jacksonville FL 85 Zip Code 32207	
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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 *Sherrie W. Salen* **SHERRIE W. SALEN** **APRIL 30, 1998**
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 DTV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERRY, T. KEITH		1.2 NAME D. Thomas Moody	
STREET ADDRESS 2031 HENDRICKS AVENUE		1.3 STREET ADDRESS 3664 Richmond Street	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, FL 32205	
TITLE S-	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DTV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALEN, SHERRIE		2.2 NAME Moody, Marcy M.	
STREET ADDRESS 2022 HENDRICKS AVENUE		2.3 STREET ADDRESS 3664 Richmond Street	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Jacksonville, FL 32205	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MASON, RAYMOND K. J		3.2 NAME Steuert, Varina M.	
STREET ADDRESS 2031 HENDRICKS AVE		3.3 STREET ADDRESS 25 Old Farm Road	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Darien, CT 06820	
TITLE CD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASON, RAYMOND K.		4.2 NAME	
STREET ADDRESS 2022 HENDRICKS AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		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: *Raymond K. Mason* **RAYMOND K. MASON** **April 30 1998** **(904) 396-8166**

CR2E034 (10/97)