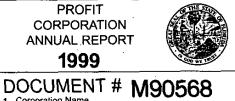
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90122 042 ***150.00

| ACCURA | TE APPHAISAL & REALTY | , INC. | | | | | |
|---|--|--|-------------------------------------|--------------------------------|---|---|----------|
| Principal Place | e of Business | Mailing Address | | | | Mi iMit Midte Minet atart nenet asart asart i | ••• |
| 120 E OAKLAND PARK BLVD 120 E. OAKLAND PARK BLVD | | |) | | | | |
| SUITE 105 SUITE 105 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 | | | | DO NOT WRIT | TE IN THIS SPACE | | |
| FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 US US | | | | | 3. Date Incorporated or Qualifed | | |
| | • | | | | 07/20/1988 | | |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | 4 FEI Number | 35 Applied Fo | , |
| 21 | | 26 | | | NOT APPLICABLE 65 | -00 62 Not Applica | ble |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | \$8.75 Additiona | ı |
| 27 | | | | _ | 5. Certifcate of Status Desired | Fee Required | |
| City & State City & State | | | | 6. Election Campaign Financing | □ \$5.00 May Be | İ | |
| 23 28 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | _ Country | 1 | 8. This corporation owes the curr | | - { |
| 24 | 25 | | 10 | | Personal Property Tax. | Yes Xo | |
| | 9. Name and Address of Curre | ent Registered Agent | 81 | None | 10. Name and Address of New F | egistered Agent | \dashv |
| ADT | Hurs, Kelly J. | | 181 | Name | | | |
| | 7 NE 28TH DR | | 82 | Street Addr | ess (P.O. Box Number is Not Accepta | ible) | |
| | TON MANORS FL 33334 | | - | | | | |
| **** | TOTA MIATORIO I E 30334 | | 83 | '} | | | Ì |
| | | | 84 | City | ` | FL 85 Zip Code | \neg |
| | to the annihing of Coctions 607 Of | 02 and 607 1508 Florida Statutes | the abov | o named com | oration submits this statement for the | purpose of changing its register | ēd |
| office or i agent. I,a | registered agent, or both, in the Stat am familiar with, and accept the oblig | e of Florida. Such change was aut | horized by | the corporation | on's board of directors. I hereby accep | it the appointment as registered | |
| SIGNATURE | Signature, typed or printed name of registered as | gent and title if applicable. (NOTE: F | Registered Age | nt signature require | | DATE | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | |
| TITLE | D . | ☐ DELETE 1.1 TI | | | | ☐ Change ☐ Ad | gition |
| NAME | ARTHURS, KELLY J. | | 1.2 NAME | ļ | | | |
| STREET ADDRESS | l | | 1.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | WILTON MANORS FL | | 1.4 CITY-S | ST-ZIP | | | -161 |
| TITLE | | DELETE | 2.1 TΠLE | ļ | | ☐ Change ☐ Ad | DIBOTT |
| NAME . | | | 2.2 NAME | . | - | . . | - |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | | <u> </u> |
| CITY-ST-ZIP | · r | | 2. 4 CITY- | ST-ZIP | | ☐ Change ☐ Ad | dition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | · | ☐ Change ☐ Ad | 4111011 |
| NAME | | | 3.2 NAME | 1 | | |) |
| STREET ADDRESS | Diese die die die die die die die die die di | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | Change A | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | □ Change □ At | G,0001 |
| NAME | | | 4. 2 NAME | | | | - 1 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | } |
| CITY-ST-ZIP | | | 4.4 CITY-5 | ST-ZIP | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Ac | dition |
| TITLE | 1 | ☐ DELETE | 5.1 TITLE | | | | 1 |
| NAME | | | 5.2 NAME | Ĭ | | | - 1 |
| STREET ADDRESS | Bar 12 . 300 . 3 5 . 3 | | 62077 | TARRESO | • | | } |
| CITY-ST-ZIP | 1 / 11 / 2 / 12 / | | | ET ADDRESS | , | | |
| <1 | | T OCIETE | 5.4 CITY-5 | | | ☐ Change ☐ Ac | dition |
| TITLE | 7.5 WARRY 1 | ☐ DELETE | 5.4 CITY-S 6.1 TITLE | ST-ZIP | | ☐ Change ☐ Ac | ldition |
| NAME | | ☐ DELETE | 5.4 CITY-S 6.1 TITLE 6.2 NAME | ST-ZIP | | ☐ Change ☐ Ad | dition |

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 trite 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 of trutes empowered for ecute 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 with all other like empowered.

6.4 CITY-ST-ZIP +

SIGNATURE: