## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 30, 2004 8:00 am Secretary of State 01-30-2004 90076 043 \*\*\*150.00

## **DOCUMENT # M90568**

ACCURATE APPRAISAL & REALTY, INC.									
SUITE 105	of Business ND PARK BLVD ALE, FL 33334 US	SUITE 105	120 E. OAKLAND PARK BLVD		94001330 				1020 (F.488)
2. Principal Place of Business 305 N. OCO BIVO 30 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			XIC	n BlvG	01212004	E JANK <b>as</b> tel Chie mini ini	OTOLI ENEN MARILI	HILIS TIRLI TIRI	
102	#, etc.	112	172			Chg-P	CR2E034	1 (10/03)	
City & State	JULIOU, IL	City & State FF.LOUCUC	201	U.FC	4. FEI Number 65-006			No	oplied For at Applicable
3337	BIOWCIO	Zip 3337/25	Countr		5. Certificate	of Status Desired		<b>8.75</b> Add se Require	
	6. Name and Address of Current R	egistered Agent		Al	7. Name and	Address of New Ro	egistered Ag	ent	
ARTHURS	, KELLY J	Name							
1517 NE 2		* <del></del>	Street Address (P.O. Box Number is Not Acceptable)						
			-	City			FL	Zip Cod	e
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistered	d office or registe	red agent, or bo	th, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE_								<del></del>	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered .	Agent signature require	d when reinstating)	1	DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig     Trust Fund Contril	-		.00 May Be ded to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11
TITLE NAME	D Delete TITL						l	☐ Change	Addition
STREET ADDRESS	ARTHURS, KELLY J.  1517 NE 28TH DR			T ADDRESS					
CITY-ST-ZIP	WILTON MANORS, FL CITY			ST-ZIP	<u> </u>				
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CITY-ST-ZIP	portify that the information symplicid with	this filing closs on quality for	<del></del>	ST-ZIP	Section 119 07/3	Vi) Florida Statutes	I further certii	ly that the i	nformation
12. I hereby certify that the information supplied with this filing ploes and quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accordate and that ply 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 copyright as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all grow-like empowered.									

SIGNATURE: \_\_