

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

FILED

Mar 10 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 # **P15353** (6)

1. Corporation Name
AUTOMATED REAL ESTATE SERVICES, INC.

Principal Place of Business
**1401 SOUTH 14TH STREET, SUITE N
FERNANDINA BEACH FL 32034**

Mailing Address
**1401 SOUTH 14TH STREET, SUITE N
FERNANDINA BEACH FL 32034-3048**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

07/27/1987

3a. Date of Last Report

03/12/1996

4. FEI Number

11-2797725

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKBURN, BRYAN E., ATTY.
1921 DEWEY PLACE
4423 KELREPA DRIVE
JACKSONVILLE FL 32207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of typist or person in charge of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: **PD
LOPEZ, ANTHONY F.
RT. 3, BOX 218 "L"
FERNANDINA BEACH FL**

TITLE ☐ DELETE

NAME: **SD
LOPEZ, AUSTIN S.
3873 HEMPSTEAD TURNPIKE
LEVITTOWN NY**

TITLE ☐ DELETE

NAME: **TD
LOPEZ, BARBARA
RT. 3, BOX 218 "L"
FERNANDINA BEACH FL**

TITLE ☐ DELETE

NAME: **SD
LOPEZ, CAROL ST. JOHN
3873 HEMPSTEAD TURNPIKE
LEVITTOWN NY**

TITLE ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

NAME: ☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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: *Anthony F. Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY F. LOPEZ

Date

3/5/97 9:4 261-5859

Daytime Phone #

CR2E034 (9/96)