

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

FILED

Jan 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000020150 (7)**

1. Corporation Name  
**ACCURATE REAL ESTATE APPRAISALS, INC.**



Principal Place of Business <b>1520 NORTH BERMUDA AVENUE KISSIMMEE FL 34741</b>	Mailing Address <b>1520 NORTH BERMUDA AVENUE KISSIMMEE FL 34741-3219</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/15/1993</b>		3a. Date of Last Report <b>03/08/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-3290495</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24. Country		29. Country		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 <b>SHAW, TOM 867 ASPENWOOD CIRCLE KISSIMMEE FL 34743</b>				10. Name and Address of New Registered Agent			
				81. Name <b>Kathleen M. Edwards</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>1520 N. Bermuda Av</b>			
				83. City			
				84. City <b>Kissimmee</b> <b>FL</b> 85. Zip Code <b>34741</b>			
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 <b>Kathleen M. Edwards</b>				DATE <b>1-7-97</b>			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	COB	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUND, NORMAN, W			1.2 NAME			
STREET ADDRESS	1520 N. BERMUDA			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34741			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUND, JANET H			2.2 NAME			
STREET ADDRESS	1520 N. BERMUDA			2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			2.4 CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, KATHLEEN, M			3.2 NAME			
STREET ADDRESS	1520 N. BERNUDA			3.3 STREET ADDRESS	<b>1520 N. BERMUDA</b>		
CITY-ST-ZIP	KISSIMMEE FL 34741			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	<b>JACK T. EDMUND</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>1520 N. BERMUDA</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>		
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 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 included 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: **Janet H Lund** **JANET H LUND** 1/7/97 407-846-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)