

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

FILED
May 05 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 # P93000020150 (7)

1. Corporation Name
ACCURATE REAL ESTATE APPRAISALS, INC.



Principal Place of Business
1520 NORTH BERMUDA AVENUE
KISSIMEE FL 34741

Mailing Address
POST OFFICE BOX 421897
KISSIMEE FL 34742-1897
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3290495	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EDWARDS, KATHLEEN M. 1520 N. BERMUDA AVE KISSIMEE FL 34741				10. Name and Address of New Registered Agent			
				81	Name JANET H LUND		
				82	Street Address (P.O. Box Number is Not Acceptable) 1520 N. Bermuda Ave		
				83			
				84	City Kissimmee	85	Zip Code FL 34741

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  (NOTE: Registered Agent signature required when reinstating) DATE 4-21-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	COB	LUND, NORMAN, W	1520 N. BERMUDA KISSIMEE FL 34741				
	P D	LUND, JANET H	1520 N. BERMUDA KISSIMEE FL				
	STD	EDWARDS, KATHLEEN, M	1520 N. BERMUDA KISSIMEE FL				
	D	EDMUND, JACK T.	1520 N. BERMUDA KISSIMEE FL				

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:  JANET H LUND 4/21/98 407-846-2444

CR2E034 (10/97)