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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007861 (5)

1. Corporation Name
ACCURATE PROPERTIES, INC.

Principal Place of Business Mailing Address
7569 SOLIMAR CIR BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/24/1994

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

4. FE Number Applied For
65-0470290 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

**SHAMEL, C. RICHARD JR.
212 N FEDERAL HWY
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

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 *Elizabeth J. Miller* **ELIZABETH J. MILLER** President **Feb 6, 1995**
(NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MILLER, ELIZABETH J**
STREET ADDRESS **7569 SOLIMAR CIR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D**
NAME **WILLIAM, PATRICIA L**
STREET ADDRESS **5551 PORTO FINO DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **Miller, Elizabeth J.**
1.3 STREET ADDRESS **381 S.E. Calmose Drive**
1.4 CITY-ST-ZIP **Port St. Lucie, FL 34983**

2.1 TITLE Change Addition
2.2 NAME **Williams, Patricia L.**
2.3 STREET ADDRESS **3434 S.W. ENGLEWOOD STREET**
2.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Elizabeth J. Miller* **ELIZABETH J. MILLER** **Feb 6, 1995** 407 785-9775
(NOTE: Registered Agent signature required when re-registering) DATE