

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007861

1. Corporation Name

ACCURATE PROPERTIES, INC.

Principal Place of Business

OLD ADDRESS:

7569 Solimar Circle
Boca Raton, Fl 3343

Mailing Address

NEW ADDRESS:

381 SE Calmoso Drive
Port St. Lucie, Fl.
34983

2. Principal Place of Business

21 381 SE Calmoso Drive

Suite, Apt. #, etc.

22

City & State

23 Port St. Lucie, Fl

Zip

24 34983

Country

25 USA

28. Mailing Address

26 381 SE Calmoso Drive

Suite, Apt. #, etc.

27

City & State

28 Port St. Lucie, Fl.

Zip

29 34983

Country

30 USA

9. Name and Address of Current Registered Agent

C. Richard Shamel, esq.
Hauser Building
212 North Federal Highway
Deerfield Beach, Florida 33441
(954) 428-3700

3. Date Incorporated or Qualified

1/24/94

3a. Date of Last Report

2/15/95

4. FEI Number

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

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

Signature, typed or printed name of registered agent and the filer, applicable

(NOTE - Registered Agent signature required for a new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME Elizabeth J. Miller
STREET ADDRESS 381 SE Calmoso Drive
CITY-ST-ZIP Port St. Lucie, Fl. 34983

TITLE Vice President ☐ DELETE
NAME Elizabeth J. Miller
STREET ADDRESS 381 Calmoso Drive
CITY-ST-ZIP Port St. Lucie, Florida

TITLE Secretary/Treasurer ☐ DELETE
NAME Patricia L. Williams
STREET ADDRESS 3434 SW Englewood Street
CITY-ST-ZIP Port St. Lucie, Fl 34953

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 119.07(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 on an attachment with an address.

SIGNATURE: Elizabeth J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 (407)785-9775

Date Daytime Phone

CR2E034 (12/95)