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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007861 (5)

ACCURATE PROPERTIES, INC.

Principal Place of Business 381 SE CALMOSO DRIVE

Mailing Address

381 SE CALMOSO DRIVE

FILED Mar 12 1998 8:00am Secretary of State



PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0470290 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζiρ Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ✓ Yes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Shamel, C. Richard Jr. 212 N FEDERAL HWY R2 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 83 84 City 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 requirered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PVP DELETE Change TITLE 1 1 TITLE MILLER, ELIZABETH J NAME 1.2 NAME CRZE034 381 S.E. CALMOSE DRIVE STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 1.4 CITY-ST-ZIP CITY-ST-7IP Addition DELFTE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - ST - ZIP

14. Thereby 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 suppliemental 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: