

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV 20 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/24/98--01042--023
***1200.00 ***1200.00

REINSTATEMENT 95-98
DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # 994000050963

1. Corporation Name
ACCEPTABLE REAL ESTATE CORP.

Principal Place of Business Mailing Address
2740 E. OAKLAND PARK BLVD. STE. # 303
FORT LAUDERDALE, FL 33306

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0517431	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$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.	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIRIAM LAWRENCE # 5150 NE 18TH TERRACE FORT LAUDERDALE, FL 33308	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City

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 *Miriam Lawrence* DATE 11/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	MIRIAM LAWRENCE	1.2 NAME	
STREET ADDRESS	2740 E. OAKLAND PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Miriam Lawrence* 11/17/98 (954) 565-6567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)