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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000078652 (2)

ACE REAL ESTATE SERVICES, INC.

Principal Place of Business Mailing Address \$3186 SAN DIEGO WOODS LANE P.O. BOX 770394

## **FILED** May 02 1997 8:00am Secretary of State



ORLANDO FL 32824		ORLANDO FL 32877-0394 US				
					3. Date Incorporated or Qualified 10/24/1994	3a. Date of Last Report 11/04/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3277676	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Star		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	Gountr 30	y	This corporation has liability for in Florida Statutes	— ·-···
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	Jistered Agent
LAUGLIN, WALT 13128 SAN DIEGO WDS. LANE ORLANDO FL 32824			81		Address (P.O. Box Number is Not Acceptable)	
			83			
			84			FL 85 Zip Code
. agent. i s	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obtains the contraction of the contrac	502 and 607.1508, Florida Statu te of Florida. Such change was gations of, Section 607.0505, F	ites, the above authorized be lorida Statute	e-named cor y the corpora s.	poration submits this statement for the partition's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	orné and tille if applicable (NO	II Registered Ac	ent sinnature recu	ired when rejustating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PVTS	DELETE	1.1 TOLE			Change Addition
NAME	LAUGHLIN, WALT		1.2 NAME			
STREET ADDRESS	13128 SAN DIEGO WDS. LAN	Æ	1.3 STREE	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32824		1.4 CITY-1	ST - ZIP		
TITLE		☐ DELETE	2 1 11TLE			Change Addition
NAME			22 NAME			
STREET ADDRESS			2 \$ STHEF	ADDRESS	4	
CITY-ST-ZIP			2 A CITY-	ST - ZIP		
TITLE		□ DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREE	l l		
CITY-ST-ZIP		DELLIE	3.4. CITY -	S1-7(P		
NAME		ביין מכנו וב	4.1 TITLE			Change Addition
STREET ADDRESS			4. P NAME			
CITY-ST-ZIP			4.3 STREE			
TITLE		DĒLĒTĒ	4.4 CITY - 5 5.1 TITLE	51 - ZIP		Change L Addition
NAME			5.2 NAME			Change Addition
STREET ADDRESS			5.3 STREE	Amplee		
CITY-ST-ZIP						
TITLE		DELETE	5.4 CHY-5 6 1 THUE	01-71F		Change Addition
NAME		- VIII	62 NAME			L Change L Addition
STREET ADDRESS			6.3 STREET	ADDOLSE		
CITY-ST-ZIP						
AU 1 . NI . TII			6.4 CiTY - S	11- 211.		

I do hereby certify that the information supplied with this filling 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 truspec 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