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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P95000037759 (4)

FILED May 06 1998 8:00am Secretary of State

ACCUF	RATE SECURITY & INVEST	FIGATIONS, INC					
Principal Plac	e of Business	Mailing Addre	SS			f abbitebli sin abite absti betti betti betti betti betti tent tent tent	
1000 EMMET	t st.	1000 EMMETT	ST.				
201 KISSIMMEE FL 34741 US US 201 KISSIMMEE FL 34741 US						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
••						05/12/1995	
2. Principal F	2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26	26			59-33 19464 Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & Stat	te	City & Stat	е			6. Election Campaign Financing \$5.00 May Be	
23		28		Carmen		Trust Fund Contribution	
Zip	Country	Zip	-	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 25 25 Name and Address of Curr	29 rent Registered Agen	30	<u> </u>		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent	
1 14		A. Hohierpied when	•	81	Name		
	PRBELT, JOHN			L			
	00 EMMETT ST.			82	Street A	t Address (P.O. Box Number is Not Acceptable)	
SUITE 201				83			
N.	SSIMMEE FL 34741						
				84	City	FL 85 Zip Code	
44 Durewant	to the provisions of Sections 607 (1502 and 607 1508. Flu	orida Statutes	the above	a-pamed	d corporation submits this statement for the purpose of changing its registers	
office or	registered agent, or both, in the St	ate of Florida. Such ch	ange was auti	norized by	the corp	d corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with, and accept the ob	ligations of, Section 60	07.0505, Florid	a Statutes	3.		
SIGNATURE	Signature, lyped or printed name of registered	anout and title if annimable	(NOTE B)	egislered Ane	nt sinnature	re required when reinstating) DATE	
12.		AND DIRECTORS	VIOLE III	13.	The state of	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 TITLE		Change Additi	
NAME	HORBELT, JOHN			1.2 NAME			
STREET ADDRESS	1000 EMMETT ST., SUITE	201		1.3 STREET	ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY - S	T-21P		
TITLE	D		DELETE	2.1 TITLE		Change Additi	
NAME	HORBELT, CORAL			2.2 NAME		HORBELT, CAROL	
STREET ADDRESS	1000 EMMETT ST., SUITE	201		2.3 STREET	ADDRESS	MULDEM, CHILDE	
CITY+ST-ZIP	KISSIMMEE FL			2. 4 CITY-5			
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Additi	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP			·	3 4. CITY-5			
TITLE '			DELETE	4.1 TITLE		Change Additi	
NAME				4. 2 NAME			
STREET ADDRESS	1			4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CHY-S			
TITLE			DELETE	51 TITLE		Change Additi	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S			
TITLE			DELETE	6.1 TITLE		Change Additi	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP	!			6.4 CITY-S			
44 haraby	cartify that the information supplier	1 with this filing does r	ot qualify for t	he exemp	tion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

nereby carrily mat the information supplied with this tiling does not quality 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 of 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 chapted, or on an attachment with an address.

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