

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082060 (1)

1. Corporation Name
ACORN REALTY, INC.



Principal Place of Business 1315 INDIANA AVENUE ST. CLOUD FL 34769 US	Mailing Address 1315 INDIANA AVENUE ST. CLOUD FL 34769 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1713 Pinon Circle Suite, Apt. #, etc. 22	2a. Mailing Address 26 1713 Pinon Circle Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/16/1995	4. FEI Number 59-3357867 Applied For Not Applicable
23 City & State St. Cloud, FL 24 Zip 34769 25 Country US	28 City & State St. Cloud, FL 29 Zip 34769 30 Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOVONI, BRIAN R 141 5TH ST., N.W. SUITE 100 WINTER HAVEN FL 33881	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
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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] (NOTE: Registered Agent signature required when reinstating) DATE 4/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPSC WEBER, VALARIE 1315 INDIANA AVENUE ST. CLOUD FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVPT WEBER, ALBERT III 1315 INDIANA AVENUE ST. CLOUD FL	2.1 TITLE	Director, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Weber, Albert L. III
STREET ADDRESS		2.3 STREET ADDRESS	315 Carolina Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	Director, Vice President <input type="checkbox"/> DELETE	3.1 TITLE	Director, Vice-President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Director, Vice President <input type="checkbox"/> DELETE	4.1 TITLE	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith A. Mock	4.2 NAME	Judith A. Mock
STREET ADDRESS	1713 Pinon Circle	4.3 STREET ADDRESS	1713 Pinon Circle
CITY-ST-ZIP	St. Cloud, FL 34769	4.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] DATE: 4/15/98 DAYTIME PHONE: 957-3393

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