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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082070 (0)

ACORN REALTY OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
125 HILLTOP ST. DAVENPORT FL 33837	125 HILLTOP ST. DAVENPORT FL 33837-8258

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 125 HILLTOP ST. 125 HILLTOP ST. DAVENPORT FL 33837 DAVENPORT FL 33837-9258									
						 Date Incorporated or Qualified 10/16/1995 	3a. Date of Li 03/15/19		
2. Principal Place of Business 2a. Mailing Address 21			ddress			4. FEI Number Applied 6 59-3345633 Not Appl			
Suite, Apt. #, etc Suite, Apt. #, etc. 27						5. Certificate of Status Desired		75 Additional se Required	
City & State City & State 28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7ip 24	Country 25	Zip 29	30	Country	<i></i>		Yes No	der s. 199.032,	
	9, Name and Address of C	urrent Registered Age	nt	81	1	10. Name and Address of New Reg	Istered Agent		
	ONI, BRIAN R			61	Name				
141 5TH ST., N.W. SUITE 100			82		ress (P.O. Box Number is Not Acceptab	е)			
WINT	TER HAVEN FL 33881			83					
				84			FL BE	Zip Code	
office or re agent. I at SIGNATURE	to the provisions of Sections by egistered agent, or both, in the m familiar with, and accept the Signature, typics or printed name of register	State of Florida. Such o obligations of, Section 6	hange was auth 607.0505, Florid	orized b a Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	t the appointment	nt as registered	
12.	OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	D	L	DELETE	1.1 TELE		2, 7,5	X Cha	ange 🔲 Additi	
NAME	WEBER, VALARIE A			1.2 NAME	L	veber Valane A			
STREET ADDRESS	1315 INDIAN AVE.			1.3 STREE	T ADDRESS	1315 Indiana AVC	• _		
CITY - ST - ZIP	ST. CLOUD FL 34769		1	1.4 CITY-	ST-ZIP	st. Cland, FL 3476	9	M	
THILE		ļ) DELETE	2 1 TITLE		PT COUNTY	Cha	ange 💢 Additi	
NAME				22 NAME	/	Hbert L, Weber, IL			
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NAMÉ				4. 2 NAME	\		•	•	
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D-TY - ST - ZIP				4.4 CITY-	ST-ZIP				
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NAME				5.2 NAME					
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CHTY - \$1 - ZIP				54 CITY-	ST-ZIP				
THE			DELETE	61 TITLE			☐ Ch	ange 🔲 Addit	
NAME	 			62 NAME					
STREET ADDRESS				63STREE	T ADDRESS				
CITY+ST-ZIF				6.4 CITY -	ST-2IP				

14. I do 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

SIGNATURE: