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

DOCUMENT # P9600005799 (7)

ACCURATE DREAM HOME, INC.

FILED Mar 25 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		I SOOTIODI SEE ESDIS OLITI OOTIF OOTIF OOTIF OOTIF OOTIF OOTIF OOTIF	910t Brits 10010 10110 LOIY 1001
11550 84TH AVENUE. NORTH 11550 84TH AVENUE. NO			RTH		
SEMINOLE FL 94642- 33772 SEMINOLE FL 94642 3			3772	DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	701702
				01/17/1996	
	lace of Business	2a. Mailing Address	14 4.5 - 1	4. FEI Number	Applied For
21 115b	0.8416 AVEIN		th ALEIN	59-3355256	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 SEA	MOLE IFL	28 SEMINOL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	12 Country 25 11.5.A	^{Zip} 33772	Country 30 U.S.A	8. This corporation owes or has paid the c	
24 53 1 1		28 33110	30 U.S.M	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes X No
MUNPAT, NELL					
11550 84TH AVENUE, NORTH SEMINOLE FL 34642 33772			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)	
OL:	MINOTE 15 01012 23 / / Z		83	· ***	
			24 00		- Inc. 1
			84 City	Fi	L 85 Zip Code
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 typed or printed name of registered agent	and title if applicable (NO1E	: Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	MURPHY, NEIL		1.2 NAME		
STREET ADDRESS	11550 84TH AVENUE, NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SEMINOLE FL 84642 33772 VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	PATTES, GREGG A	L_ DELETE	2.1 IIILE 2.2 NAME		Li change Li Addition
STREET ADDRESS	11550 84TH AVENUE, NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34842 33 7 7	2	2.4 CITY-ST-ZIP		
TITLE	DEMINISTER 1 D O TO T	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		ריין הברכוב	6.1 TITLE		☐ Criange ☐ Addet(0n
NAME CORES ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information corpolard with	this filian door not quality for	6.4 CITY-ST-ZIP	Section 110 07/31/i) Florida Statutos, Lifurther of	antify that the information

4. Thereby 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 my address.

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70MARCH 1998/813/299-7141

CR2E034 (10/97