

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74657 (5)

1. Corporation Name
ACCLAIM REAL ESTATE, INC.

Principal Place of Business

1240 SW 27TH STREET
P.O. BOX 484
PALM CITY FL 34990

Mailing Address

1240 SW 27TH STREET
P.O. BOX 484
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 01/21/1994
4. FEI Number 65-0280398	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. 1100 SW MARTIN DOWNS Suite, Apt. #, etc. BVD	2a. Mailing Address 26. 1100 SW MARTIN DOWNS Suite, Apt. #, etc. BVD
22. City & State Palm City, FL	27. City & State Palm City, FL
23. Zip 34990	28. Zip 34990
24. Country USA	29. Country USA

9. Name and Address of Current Registered Agent

CONWELL, LORRAINE V.
2013 S.W. MOCKINGBIRD LANE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BURKHARDT, JUDY G.	1.2 NAME	
STREET ADDRESS	745 WISPER BAY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CONWELL, LORRAINE V.	2.2 NAME	
STREET ADDRESS	2013 S.W. MOCKINGBIRD LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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: Lorraine V. Conwell Judy G. Burkhardt
LORRAINE V. CONWELL JUDY G. BURKHARDT
2/14/95 407-221-9890