

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 07583
1. Corporation Name

AMERICAN REAL ESTATE ACADEMY, INC.

Principal Place of Business	Mailing Address
255 So. Orange Ave. Sixth Floor Orlando, FL 32801	255 So. Orange Avenue Sixth Floor Orlando, FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		1-17-92	4/8/94
Sute, Apt. #, etc.		Sute, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3108090	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**PINO, LAURENCE J.
255 So. Orange Avenue, Sixth Floor
ORLANDO FL 32801**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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 fee if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, LAURENCE J	12. NAME	
STREET ADDRESS	255 So. Orange Ave., 6th Flr.	13. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	14. CITY-ST-ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, PATRICIA T.	22. NAME	
STREET ADDRESS	255 So. Orange Ave., 6th Flr.	23. STREET ADDRESS	200001478852
CITY-ST-ZIP	ORLANDO FL	24. CITY-ST-ZIP	-05/08/95--01048--025 ****200.00 ****200.00
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	Taw 5-1-95
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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)(a) 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, changed or new additions with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR
Laurence J. Pino, President

4/23/95 407-425-7831