

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **397045** (6)
1. Corporation Name
ARGUS REALTY SERVICES, INC.



Principal Place of Business Mailing Address
**8400 N. UNIVERSITY DR.
SUITE 209
TAMARAC FL 33321**

3. Date Incorporated or Qualified **03/08/1972** 3a. Date of Last Report **04/28/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1569838	Not Applicable
22	SUITE 109	SUITE 109	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24			29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUCE SCHREIBER
8400 N UNIVERSITY DR
SUITE 209
TAMARAC FL 33321**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	SUITE 109
84	City
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 (a voidable forgery)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SO	1.1 TITLE	PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, BRUCE	1.2 NAME	
STREET ADDRESS	8400 N. UNIVERSITY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FORMEY	2.2 NAME	
STREET ADDRESS	5719 HEDGEFORD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS, NV 89120	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	SECRETARY DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, LOUIS	3.2 NAME	
STREET ADDRESS	8400 N. UNIVERSITY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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; 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: *Bruce Schreiber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 9547228400
DATE TIME PERIOD

CR2E034 (12/95)