

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 466722 (6)

1. Corporation Name
BIART REALTY CORP., INC.



Principal Place of Business

2620 N.E. 1ST COURT
APT. 201
BOYNTON BEACH FL 33435
US

Mailing Address

2620 NE 1ST CT
APT. 201
BOYNTON BEACH FL 33435
US

3. Date Incorporated or Qualified
12/28/1974

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 9935 HARBOUR LAKE CIR 26 9935 HARBOUR LAKE CIR

4. FEI Number

59-1568289

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

24 33437 25 PALM BEACH 29 33437 30 PALM BEACH

9. Name and Address of Current Registered Agent

ABRAMSON, IRWIN
2620 NE 1ST COURT
#201
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name
ABRAMSON, IRWIN
82 Street Address (P.O. Box Number is Not Acceptable)
9935 HARBOUR LAKE CIR
83
84 City
BOYNTON BEACH FL 85 Zip Code
33437

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 *Irwin Abramson*

IRWIN ABRAMSON

2/11/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ABRAMSON, BETTY	9935 HARBOUR LAKE CIR	BOYNTON BCH FL 33437	<input type="checkbox"/>
S	ABRAMSON, IRWIN	9935 HARBOUR LAKE CIR	BOYNTON BCH. FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/96 (407) 786-1990

CR2E034 (12/95)