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CORPORATION
ANNUAL REPORT
1995



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

STATE OF FLORIDA
CLERK OF THE SUPREME COURT

100001429751
-03/15/95--01024--019
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 847977 (6)
1. Corporation Name
REALTY SYSTEMS, INC.

Principal Place of Business Mailing Address
2 N. RIVERSIDE PLAZA #600 CHICAGO IL 60606

3. Date Incorporated or Qualified **01/16/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **84-0851461** 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

21. Principal Place of Business c/o Ann M. Schneider	2a. Mailing Address c/o Ann M. Schneider
Suite, Apt. #, etc. 2 N. Riverside Plaza	Suite, Apt. #, etc. 2 N. Riverside Plaza
City & State Chicago, Illinois	City & State Chicago, Illinois
Zip 60606	Zip 60606
Country	Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, RONALD
STREET ADDRESS	2535 COUNTRY PLACE BLVD
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VSD
NAME	ROSENBERG, SHEL
STREET ADDRESS	2 N. RIVERSIDE PLZ. #600
CITY - ST - ZIP	CHICAGO IL
TITLE	VTD
NAME	GREENBERG, ARTHUR
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	VFAS
NAME	KOELE, TERRY
STREET ADDRESS	116 INVERNESS DR EAST #203
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 this 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: *Shelli Z. Rosenberg* 3/8/95 312-466-3456
ORIGINAL AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Shelli Z. Rosenberg, Vice President
 8/10/95 3-13-95