

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 # **F29204** (7)
1. Corporation Name
MAR HOW REALTY, INC.



Principal Place of Business: **% KRONGOLD & BASS 201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801 CORAL GABLES FL 33134**
Mailing Address: **% KRONGOLD & BASS 201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801 CORAL GABLES FL 33134**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1981	3a. Date of Last Report 04/04/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-2086637	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
DAVIS, ELDA 201 ALHAMBRA CIRCLE, 9TH FLOOR CORAL GABLES FL		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, date, and address

(TITLE) Registered Agent Signature required when resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	KRONGOLD, JEROME	1.2 NAME	KRONGOLD, M. RONALD
STREET ADDRESS	570 N. SHORE DRIVE	1.3 STREET ADDRESS	201 Alhambra Circle, 8th Floor
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	2.1 TITLE	
NAME	DAVIS, ELDA M.	2.2 NAME	
STREET ADDRESS	201 ALHAMBRA CRCL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	KRONGOLD, GLENDA
STREET ADDRESS		3.3 STREET ADDRESS	201 Alhambra Circle, 8th Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Debit Phone #

CR2E034 (12/95)