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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F94000001826 (6)**

1. Corporation Name
PMREALTY ADVISORS, INC.

Principal Place of Business	Mailing Address
SUITE 300 800 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660	700 NEWPORT CENTER DRIVE ATTN: CORPORATE TAX NEWPORT BEACH CA 92660-6307 US

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report: **04/24/1996**
4. FEI Number: **33-0045226** (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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — County / 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
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 Section 607.0505 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 — (Required) — (Either Registered Agent or New Registered Agent) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	AUDREY L. MILFS		12 NAME	
STREET ADDRESS	700 NEWPORT CENTER DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	SUTTON, THOMAS C		22 NAME	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300		23 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660		24 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	GLENN S. SCHAFER		32 NAME	
STREET ADDRESS	700 NEWPORT CENTER DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA		34 CITY-ST-ZIP	
TITLE	MDD	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	MCWALTERS, JAMES G		42 NAME	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300		43 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660		44 CITY-ST-ZIP	
TITLE	MDD	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	NEILL, MICHAEL R		52 NAME	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300		53 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660		54 CITY-ST-ZIP	
TITLE	MDD	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	SULLIVAN, LAWRENCE K		62 NAME	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300		63 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, added or deleted.

SIGNATURE: 4/14/97 (714) 640-3116

CR2E034 (9/96)