

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 # G17069 (7)

1. Corporation Name
X N & E X REALTY CORP.



Principal Place of Business Mailing Address
**2295 CORPORATE BLVD. N.W.
STE. 222
BOCA RATON FL 33431**

3. Date Incorporated or Qualified **12/30/1982** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2219608** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**HERRICK, NORTON
2295 CORPORATE BLVD. N.W.
STE. 222
BOCA RATON FL 33431**

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 is required when registering.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORPORATE BLVD.	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VPDA	<input type="checkbox"/> DELETE
NAME	HERRICK HOWARD	
STREET ADDRESS	2295 CORP BLVD NW SUITE 222	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	<i>DIP/ST</i>
13 STREET ADDRESS	<i>Homestead, FL</i>
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>VPIAS</i>
23 STREET ADDRESS	<i>206 Community Pl</i>
24 CITY- ST- ZIP	<i>Morristown NJ 07960</i>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
32 NAME	<i>VPIAS</i>
33 STREET ADDRESS	<i>Herrick Michael</i>
34 CITY- ST- ZIP	<i>2295 Corp Blvd NW Ste 222</i>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<i>Boca Raton FL 33431</i>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Howard Herrick** Date: **VP 3/1/96** 2015391390

CR2E034 (12/95)