

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G52572 (6)
1. Corporation Name
D'ALBORA AND FEDERMAN REALTY, INC.

Principal Place of Business Mailing Address
2454 N STATE RD 7 **2454 N STATE RD 7**
MARGATE FL 33063 **MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/03/1983 **06/15/1994**

4. FEI Number Applied For
59-2319572 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

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 2b
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**FEDERMAN, LARRY S.
2454 N STATE RD 7
MARGATE FL 33063**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT**
NAME **D'ALBORA, RONALD A**
STREET ADDRESS **2454 N STATE RD 7**
CITY ST ZIP **MARGATE, FL 00000**

TITLE **DVS**
NAME **FEDERMAN, LARRY S**
STREET ADDRESS **2454 N STATE RD 7**
CITY ST ZIP **MARGATE, FL 00000**

TITLE
NAME
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CITY ST ZIP

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TITLE
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STREET ADDRESS
CITY ST ZIP

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY ST ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY ST ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY ST ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY ST ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY ST ZIP

6 1 TITLE Change 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 119.07(1)(b), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 305-971-6300
DATE Telephone #