

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L05959 (6)**
1. Corporation Name
GOLDSTEIN REALTY GROUP, INC.



Principal Place of Business: **1300 RIVER PLACE BLVD. 105 JACKSONVILLE FL 32207 US**
Mailing Address: **1300 RIVERPLACE BLVD 105 JACKSONVILLE FL 32207 US**

3. Date Incorporated or Qualified: **07/28/1989**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2964131**
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: State, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country
23. City & State
24. Zip; Country

9. Name and Address of Current Registered Agent
**ELEFANT, FRED
1650 PRUDENTIAL DRIVE, SUITE 105
JACKSONVILLE FL 32207**

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

12. OFFICERS AND DIRECTORS
TITLE: DELETE
NAME: **DPV GOLDSTEIN, BARRY J**
STREET ADDRESS: **3733 UNIVERSITY BLVD W JACKSONVILLE FL**
CITY- ST- ZIP: _____
TITLE: DELETE
NAME: **DST GOLDSTEIN, LINDA G**
STREET ADDRESS: **3733 UNIVERSITY BLVD W JACKSONVILLE FL**
CITY- ST- ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY- ST- ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **DPV** Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: **1300 RIVERPLACE BLVD. STE. 105 JAX, FL. 32207**
1.4 CITY- ST- ZIP: _____
2.1 TITLE: **DST** Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: **1300 RIVERPLACE BLVD. STE. 105 JAX, FL. 32207**
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(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: *Linda Goldstein* **LINDA GOLDSTEIN** 1/20/96 904-348-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)