

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 # P94000073815 (0)

1. Corporation Name

CMS REAL ESTATE, INC.



Principal Place of Business

Mailing Address

600 WEST HILLSBORO BLVD.
SUITE 365
DEERFIELD BEACH FL 33441

600 WEST HILLSBORO BLVD.
SUITE 365
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified
10/04/1994

3a. Date of Last Report
05/01/1995

21 2. Principal Place of Business
417 Goolsby Boulevard
Suite, Apt. #, etc.

26 2a. Mailing Address
417 Goolsby Boulevard
Suite, Apt. #, etc.

4. FEI Number
65-0523935

Applied For
Not Applicable

22 23 City & State
Deerfield Beach, FL
24 25 Zip Country
33442 USA

27 28 City & State
Deerfield Beach, FL
29 30 Zip Country
33442 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLMAN, ED
600 WEST HILLSBORO BLVD.
SUITE 365
DEERFIELD BEACH FL 33441

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
417 Goolsby Boulevard
83
84 City Deerfield Beach FL 85 Zip Code 33442

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	ELLMAN, EDWARD	11034 SEAPORT LANE	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10855 RAVEL COURT	BOCA RATON, FL 33498	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Ed Ellman 4/30/96 954-362-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)