

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000037520 (0)
1. Corporation Name

ULTIMATE REAL ESTATE, INC.



Principal Place of Business: 5741 N.W. 75TH WAY PARKLAND FL 33067
Mailing Address: 5741 N.W. 75TH WAY PARKLAND FL 33067

3. Date Incorporated or Qualified: 05/11/1995
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0633552	Applied For Not Applicable
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name: PAUL MANDEL
82 Street Address (P.O. Box Number is Not Acceptable): 10115 WEST SAMPLE ROAD
83 City, State, Zip: CORAL SPRINGS, FL 33065
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE: 07/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P D <input type="checkbox"/> DELETE	NAME: DAVIS, CHARLES R JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5741 N.W. 75TH WAY	CITY-ST-ZIP: PARKLAND FL 33067	1.2 NAME	
TITLE: VP D <input type="checkbox"/> DELETE	NAME: PAUL MANDEL	1.3 STREET ADDRESS	
STREET ADDRESS: 6095 N.W. 75 WAY	CITY-ST-ZIP: PARKLAND, FL 33067	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	STREET ADDRESS:	2.2 NAME	
CITY-ST-ZIP:	CITY-ST-ZIP:	2.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	STREET ADDRESS:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	CITY-ST-ZIP:	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	STREET ADDRESS:	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	CITY-ST-ZIP:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	4.2 NAME	
STREET ADDRESS:	STREET ADDRESS:	4.3 STREET ADDRESS	
CITY-ST-ZIP:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	STREET ADDRESS:	5.2 NAME	
CITY-ST-ZIP:	CITY-ST-ZIP:	5.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	STREET ADDRESS:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	CITY-ST-ZIP:	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	STREET ADDRESS:	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:	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 617, 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

DATE: 07/19/96 954344-5286

DATE

DAYTIME PHONE #

CP2E034 (3/96)