

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S34152 (6)**

1. Corporation Name
BY OWNER REALTY NETWORK REFERRAL SERVICE, INC.



Principal Place of Business
**707 CHILLINGWORTH DR
WEST PALM BEACH FL 33409
US**

Mailing Address
**408 CHEYENNE DRIVE
LANTANA FL 33462**

3. Date Incorporation or Qualified **02/26/1991** 3a. Date of Last Report **04/25/1995**

4. FEI Number **65-0246183** Applied For Not Applicable

5. Contribution of Stock Desired **\$8.75 Additional Fee Required**

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

8. This corporation is a liability for interstate tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

**MANKIN, ALLEN
1240 BEAR ISLAND DRIVE
WEST PALM BEACH FL 33401**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607 (2)(b) and 612, 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 (2)(b), Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office or Agent

Signature of Agent for Change of Registered Office or Agent

File

12. OFFICERS AND DIRECTORS

FILE NAME [] DELETE

1. NAME **CPST MANKIN, ALLEN**

2. STREET ADDRESS **1240 BEAR ISLAND DRIVE WEST PALM BEACH FL**

3. CITY-STATE-ZIP **D**

4. TITLE [] DELETE

5. NAME **MANKIN, ALLEN**

6. STREET ADDRESS **1240 BEAR ISLAND DRIVE WEST PALM BEACH FL**

7. CITY-STATE-ZIP **VP**

8. TITLE [] DELETE

9. NAME **CRANCEY, SUSAN D.**

10. STREET ADDRESS **408 CHEYENNE DRIVE LANTANA FL**

11. CITY-STATE-ZIP

12. TITLE [] DELETE

13. NAME

14. STREET ADDRESS

15. CITY-STATE-ZIP

16. TITLE [] DELETE

17. NAME

18. STREET ADDRESS

19. CITY-STATE-ZIP

20. TITLE [] DELETE

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME [] Change [] Addition

2. STREET ADDRESS [] Change [] Addition

3. CITY-STATE-ZIP [] Change [] Addition

4. TITLE [] Change [] Addition

5. NAME [] Change [] Addition

6. STREET ADDRESS [] Change [] Addition

7. CITY-STATE-ZIP [] Change [] Addition

8. TITLE [] Change [] Addition

9. NAME [] Change [] Addition

10. STREET ADDRESS [] Change [] Addition

11. CITY-STATE-ZIP [] Change [] Addition

12. TITLE [] Change [] Addition

13. NAME [] Change [] Addition

14. STREET ADDRESS [] Change [] Addition

15. CITY-STATE-ZIP [] Change [] Addition

16. TITLE [] Change [] Addition

17. NAME [] Change [] Addition

18. STREET ADDRESS [] Change [] Addition

19. CITY-STATE-ZIP [] Change [] Addition

20. TITLE [] Change [] Addition

21. NAME [] Change [] Addition

22. STREET ADDRESS [] Change [] Addition

23. CITY-STATE-ZIP [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is a true and correct copy for the event the state of Florida Statutes. I further certify that the information included on this annual report or supplementary 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or changed from a 9. An addressee.

SIGNATURE: *Allen Mankin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96