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**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33462-2202**

3. Date Incorporated or Qualified: **02/26/1991** 3a. Date of Last Report: **04/15/1996**
4. FEI Number: **65-0246183** Applied For: Not Applicable
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

2. Principal Place of Business: **21 1826 N. Dixie Highway**
22 Suite, Apt. #, etc.:
23 City & State: **Lake Worth, FL**
24 Zip: **33462** Country: **25 Palm Beach**
2a. Mailing Address: **26 P. O. Box 6228**
27 Suite, Apt. #, etc.:
28 City & State: **Lake Worth, FL**
29 Zip: **33466** Country: **30 Palm Beach**

9. Name and Address of Current Registered Agent
**MANKIN, ALLEN
1240 BEAR ISLAND DRIVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name: **Susan D. Chancey**
82 Street Address (P.O. Box Number is Not Acceptable): **1826 N. Dixie Highway**
83
84 City: **Lake Worth** FL 85 Zip Code: **33460**

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: *Susan D. Chancey* DATE: **1/20/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CPST	<input checked="" type="checkbox"/>
NAME	MANKIN, ALLEN	
STREET ADDRESS	1240 BEAR ISLAND DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MANKIN, ALLEN	
STREET ADDRESS	1240 BEAR ISLAND DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/>
NAME	CHANCEY, SUSAN D.	
STREET ADDRESS	408 CHEYENNE DRIVE	
CITY - ST - ZIP	LANTANA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Chancey, Susan D.		
3.3 STREET ADDRESS	408 Cheyenne Drive		
3.4 CITY - ST - ZIP	Lake Worth, FL 33462		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Allen Mankin* DATE: **1/20/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)