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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F66390 (8)</b> 1. Corporation Name <b>FLORIDA EAST COAST REALTY, INC.</b>		

Principal Place of Business <b>P.O. 012949 MIAMI FL 33101 US</b>	Mailing Address <b>P. O. BOX 012949 MIAMI FL 33101 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/09/1982</b>		3a. Date of Last Report <b>03/22/1994</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number <b>59-2166506</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GRAY, U D 100 S. BISCAYNE BLVD STE 1100 33131</b>				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		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DR VP/D</b>	NAME <b>BAER, STEVE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>100 S. BISCAYNE BLVD</b>	CITY, ST, ZIP <b>MIAMI, FL 00000</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>HOLLO, WAYNE</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>100 S. BISCAYNE BLVD.</b>	CITY, ST, ZIP <b>MIAMI, FL 00000</b>	1.4 CITY, ST, ZIP	
TITLE <b>SD</b>	NAME <b>GRAY, U D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>100 S. BISCAYNE BLVD</b>	CITY, ST, ZIP <b>MIAMI, FL 00000</b>	2.2 NAME	
TITLE <b>VP</b>	NAME <b>DANAN, PHILIP C</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>100 S. BISCAYNE BLVD.</b>	CITY, ST, ZIP <b>MIAMI, FL</b>	2.4 CITY, ST, ZIP	
TITLE <b>VP</b>	NAME <b>YAFFA, PHILLIP A.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>100 S. BISCAYNE BLVD.</b>	CITY, ST, ZIP <b>MIAMI, FL</b>	3.2 NAME	
TITLE <b>P/D</b>	NAME <b>HOLLO, TIBOR</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>100 S. BISCAYNE BLVD.</b>	CITY, ST, ZIP <b>MIAMI, FL.</b>	3.4 CITY, ST, ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: U. D. Gray, Director Date: 4/11/95 District Office #: 358-7710