

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 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 # F66390 (8)

1. Corporation Name
FLORIDA EAST COAST REALTY, INC.

Principal Place of Business

P.O. 012949
MIAMI FL 33101
US

Mailing Address

P. O. BOX 012949
MIAMI FL 33101-2949
US

3. Date Incorporated or Qualified
02/09/1982

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2166506

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

9. Name and Address of Current Registered Agent

GRAY, U D
100 S. BISCAYNE BLVD
STE 1100
33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	VPD	<input type="checkbox"/> DELETE
NAME	BAER, STEVE	
STREET ADDRESS	100 S. BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLLO, WAYNE	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRAY, U D	
STREET ADDRESS	100 S. BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAHAN, PHILLIP C	
STREET ADDRESS	100 S BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YAFFA, PHILLIP A	
STREET ADDRESS	100 S BISCAYNE BLVD.	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 S BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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:

U. D. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97
Date

Daytime Phone #

CR2E034 (9/96)