

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 268655 (8)

1. Corporation Name
ARDMORE REALTY INC



Principal Place of Business:

C/O ALLEN D. STOLAR
21249 HARROW RD.
BOCA RATON FL 33433

Mailing Address:

C/O ALLEN D. STOLAR
21249 HARROW RD.
BOCA RATON FL 33433

2. Principal Place of Business:

2a. Mailing Address:

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

STOLAR, ALLEN D
21249 HARROW COURT
BOCA RATON FL 33433

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(3) Florida Statutes, the above named corporation submits the 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(3), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLAR, ALLEN D	12 NAME	
STREET ADDRESS	21249 HARROW RD.	13 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	14 CITY-STATE-ZIP	
TITLE	VPTD	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINFELD, IRIS	16 NAME	
STREET ADDRESS	2310 S BELVOIR	17 STREET ADDRESS	
CITY-STATE-ZIP	UNIVERSITY HEIGHT OH	18 CITY-STATE-ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-STATE-ZIP		22 CITY-STATE-ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-STATE-ZIP		30 CITY-STATE-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY-STATE-ZIP		38 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied by this filing is voluntary, truthful and does not qualify for the exemption set forth in Section 119.07(3)(a), 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 registered office or principal place of business of the corporation as reported by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the records of the corporation or an attached or related address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN D. STOLAR

April 9, 1996

305 949-6655

CR2E034 (12/95)