

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

FILED

Mar 24 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 # 358116 (2)			
1. Corporation Name HFH REALTY, INC.			
Principal Place of Business 1134 LK WILLISARA CIR ORLANDO FL 32806		Mailing Address 1134 LK WILLISARA CIR ORLANDO FL 32806-5581	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1970		3a. Date of Last Report 03/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1303818		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BROWN, MARY LOU 1134 LAKE WILLISARA CIRCLE ORLANDO FL 32806-2581				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
1111	PDS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BROWN, MRS MARY LOU		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1134 LK WILLISARA CIR		12 NAME		
CITY-ST-ZIP	ORLANDO, FL 00000		13 STREET ADDRESS		
1112	T	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP		
NAME	BROWN, MRS MARY LOU		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1134 LK WILLISARA CIR		22 NAME		
CITY-ST-ZIP	ORLANDO FL		23 STREET ADDRESS		
1113		<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			31 TITLE		
STREET ADDRESS			32 NAME		
CITY-ST-ZIP			33 STREET ADDRESS		
1114		<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			41 TITLE		
STREET ADDRESS			42 NAME		
CITY-ST-ZIP			43 STREET ADDRESS		
1115		<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			51 TITLE		
STREET ADDRESS			52 NAME		
CITY-ST-ZIP			53 STREET ADDRESS		
1116		<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			61 TITLE		
STREET ADDRESS			62 NAME		
CITY-ST-ZIP			63 STREET ADDRESS		
1117		<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
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: *Mary Lou Brown, Pres.* 3/13/97 (407)425-3187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)