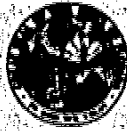


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 APR 17 PM 1:28**

**DOCUMENT # 390934 (8)**

1. Corporation Name  
**1-4-7-REALTYP CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5820 MIAMI LAKES DRIVE MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/05/1971** 3a. Date of Last Report **03/17/1994**

4. FEI Number **59-1675159** 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 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, JEFFREY  
5900 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014**

81 Name **COHEN, JEFFREY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5820 MIAMI LAKES DRIVE**  
83  
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD ADDRESS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, JEFFREY</b>	1.2 NAME	<b>COHEN, JEFFREY</b>
STREET ADDRESS	<b>5900 MIAMI LAKES DRIVE</b>	1.3 STREET ADDRESS	<b>5820 MIAMI LAKES DRIVE</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	1.4 CITY - ST - ZIP	<b>MIAMI LAKES, FL 33014</b>
TITLE	<b>SD</b>	2.1 TITLE	<b>SD ADDRESS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, WILLIAM</b>	2.2 NAME	<b>COHEN, WILLIAM</b>
STREET ADDRESS	<b>5900 MIAMI LAKES DRIVE</b>	2.3 STREET ADDRESS	<b>5820 MIAMI LAKES DRIVE</b>
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI LAKES, FL 33014</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 appointment with an address.

SIGNATURE: **WILLIAM COHEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/95 305-556-4601**  
Date (Month/Day/Year) (Number/Name)