FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **408998** **(3)**

1. Corporation Name
REAL GROWTH INC.

Principal Place of Business
410-71ST STREET
P.O. BOX 41 4510
MIAMI BEACH FL 33141-7510

Mailing Address
P O BOX 41-4039
P.O. BOX 41 4510
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified: 09/18/1972
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business
21 410 - 71st St
Suite, Apt. #, etc.
22
City & State
23 Miami Beach Fl
Zip
24 33141
Country
25

2a. Mailing Address
26 P.O. Box 41-4039
Suite, Apt. #, etc.
27
City & State
28 Miami Beach Fl
Zip
29 33141
Country
30 US

4. FEI Number: 59-1416170 ☐ 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**

MARTIN, ROBERT A..
410 - 71ST STREET
MIAMI BEACH FL 33141

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 617.1504, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MARTIN, ROBERT A.	
STREET ADDRESS	410-71ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	☐ DELETE
NAME	GALIVAN, MARY F.	
STREET ADDRESS	410-71ST ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: ✓ Frank A. Martin — Frank A. Martin / 1/15/96 — 1305-866-1485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)