


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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 445384 (1)**  
 1. Corporation Name  
**FOLINO REALTY, INC.**



Principal Place of Business  
~~6050 CYPRESS ROAD SUITE 200-11 FLORIAN FL 32909~~  
**1881 N.E. 26th St. Ste 212, Box D-15 Wilton Manors, FL 33305**

Mailing Address  
~~6050 CYPRESS ROAD SUITE 200-11 FLORIAN FL 32909~~  
**1881 N.E. 26th St. Ste 212, Box D-15 Wilton Manors, FL 33305**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. <b>SAME AS ABOVE</b>	22. City & State <b>ABOVE</b>	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc. <b>SAME AS ABOVE</b>	27. City & State <b>ABOVE</b>	28. Zip	29. Country	30. Country
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3. Date Incorporated or Qualified <b>03/06/1974</b>	4. FEI Number <b>59-1527445</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FOLINO, VINCENT A.**  
~~6050 CYPRESS ROAD SUITE 200-11 FLORIAN FL 32909~~  
**15702 WOODGATE PLACE SUNRISE, FL. 33324**

10. Name and Address of Registered Agent

81 Name <b>VINCENT A. FOLINO</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>15702 WOODGATE PLACE</b>	83 City <b>SUNRISE, FL. 33324</b>	84 State <b>FL</b>	85 Zip Code <b>33324</b>
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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

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNAMARA, MAUREEN</b>	
STREET ADDRESS	<del>6050 CYPRESS ROAD SUITE 200-11 FLORIAN FL 32909</del> <b>15702 WOODGATE PLACE SUNRISE, FL 33324</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33324</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOLINO, VINCENT A.</b>	
STREET ADDRESS	<del>6050 CYPRESS ROAD SUITE 200-11 FLORIAN FL 32909</del> <b>15702 WOODGATE PLACE SUNRISE, FL 33324</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33324</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 a new address.

SIGNATURE: **Vincent A. Folino Pres. 4-28-98 954-349-2255**

CR2E034 (10/97)