

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

FILED

Feb 07 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 # 473128

(7)

1. Corporation Name  
FAMILY OF REALTYS, INC.

Principal Place of Business  
70 WESTWARD DR  
P O BOX 680600  
MIAMI SPRINGS FL 33166  
US

Mailing Address  
70 WESTWARD DR  
P O BOX 680600  
MIAMI SPRINGS FL 33166-5266  
US

3. Date Incorporated or Qualified  
04/21/1975

3a. Date of Last Report  
06/14/1996

4. FEI Number  
59-1661014

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREHOUSE, EARL W.  
70 WESTWARD DR  
P. O. BOX 680600  
MIAMI SPRINGS FL 33266

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

Signature of officer or president or other registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MOREHOUSE, EARL W.	
STREET ADDRESS	70 WESTWARD DR	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOREHOUSE, EARL W.	
STREET ADDRESS	70 WESTWARD DR	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VERA, NORMA	
STREET ADDRESS	540 LEE DR	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JENKINS, DORIS M	
STREET ADDRESS	140 ROYAL PALM RD #205	
CITY - ST - ZIP	HALEAH GARDENS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OLIVER, JEAN	
STREET ADDRESS	1200 FALCON AVE	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 on the receipt, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/80/97 (305) 988-2777

CR2E034 (9/96)