

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
70 WESTWARD DR 70 WESTWARD DR
P O BOX 680600 PO BOX 600
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1661014	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOREHOUSE, EARL W.	
STREET ADDRESS	70 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOREHOUSE, EARL W.	
STREET ADDRESS	70 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VERA, NORMA	
STREET ADDRESS	640 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOREHOUSE EARL W.	
1.3 STREET ADDRESS	70 WESTWARD DR,	
1.4 CITY-ST-ZIP	MIAMI SPRINGS FL	
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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MOREHOUSE, GRACE M.	
6.3 STREET ADDRESS	1075 1815 AVE	
6.4 CITY-ST-ZIP	MIAMI SPRINGS FL	

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 an address.

SIGNATURE:

[Signature]

1/5/98 (205) 998-2777

CR2E034 (10/97)