

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 # 518363 (7)

1. Corporation Name
FLORIDA PACIFIC REALTY, INC.



Principal Place of Business: 316 ROYAL POINCIANA PLAZA, PO BOX 1059, PALM BEACH FL 33480
Mailing Address: 316 ROYAL POINCIANA PLAZA, PO BOX 1059, PALM BEACH FL 33480

3. Date Incorporated or Qualified 11/11/1976	3a. Date of Last Report 03/14/1995
4. FEI Number 59-1716862	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

CARSON, DONALD
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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	FL

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, Title, and printed name of registered agent and title (applicable))

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	MACIAS, DOMINGO M.	
STREET ADDRESS	316 ROYAL POINCIANA PL	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FANJUL, ALFONSO	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, OSCAR	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	CARSON, DONALD W	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FANJUL, JOSE F	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KANAI, DENNIS J.	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY-ST-ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 807, 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

3/7/96

407-655-6303

Date

Daytime Phone #

CR2E034 (12/95)