

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 # 552875
1. Corporation Name

TAMMY REALTY CORP.

Principal Place of Business: **2600 Douglas Road, Suite 510 Coral Gables, FL 33134**
Mailing Address: **2600 Douglas Rd., #510 Coral Gables, FL 33134**

3. Date Incorporated or Qualified: **11/22/77**
3a. Date of Last Report: **8/22/95**

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

4.	FBI Number	Applied For
	59-1307418	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Adler, Irwin M.
2600 Douglas Road, Suite 510
Coral Gables, FL 33134**

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 607.1506, 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 re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S/T/VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adler, Irwin M.	1.2 NAME	
STREET ADDRESS	2600 Douglas Rd., #410	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	
TITLE	D/P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coleman, Jacqueline	2.2 NAME	
STREET ADDRESS	2600 Douglas Rd., #510	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helene Adler	3.2 NAME	
STREET ADDRESS	2600 Douglas Rd., #510	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	200001815052
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/09/96--01063--019
TITLE	<input type="checkbox"/> DELETE	4.5 CITY-ST-ZIP	***200.00
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

Handwritten signatures and initials

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **RESIDENT** **4/29/96** **(305) 443-7001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)