

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 565443  
1. Corporation Name  
**TODAY REALTY OF FLORIDA, INC**

Principal Place of Business Mailing Address  
**109 SE 21ST AVE  
HALLANDALE FL 33008**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>1-19-78</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1804246</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	7. 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		10. Name and Address of New Registered Agent	
<b>NINA CASCHETTA 1093 NE 210TH TERRACE N. MIAMI BCH, FL 33179</b>		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Nina Caschetta* (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>PRD</b> 2. NAME <b>NINA CASCHETTA</b> 3. STREET ADDRESS <b>1093 NE 210TH TERR</b> 4. CITY-STATE-ZIP <b>N. MIAMI BCH, FL 33179</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	2. TITLE <b>Secy</b> 2. NAME <b>NINA CASCHETTA</b> 2. STREET ADDRESS <b>1093 NE 210TH</b> 2. CITY-STATE-ZIP <b>N. MIAMI BCH, FL 33179</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE <b>Treas</b> 3. NAME <b>NINA CASCHETTA</b> 3. STREET ADDRESS <b>1093 NE 210TH</b> 3. CITY-STATE-ZIP <b>N. MIAMI BCH, FL 33179</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-STATE-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-STATE-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-STATE-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is based 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: *Nina Caschetta* President 4/22/97 954-454-6110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)