FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	al report 1 996		·/	Secretary of State DIVISION OF CORPORATIONS (9)					
DOCUN 1. Corporation		573184	(9)			**********	1		
	REALTY COP	RP.					 		
Principal Place of	of Business		Mailing Address						
2455 E SUNRISE BLVD #502			2455 E SUNRISE BLV	2455 E SUNRISE BLVD #502					
STE 320 FT LAUDERDA	ALE FL 33304		STE 320 FT LAUDERDALE FL 3	3304			3. Date Incorporated or Qualified	3a. Date of Last F	Renod
							05/23/1978	03/02/19	•
2. Principal Pla	ce of Business		2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #	. etc.		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	65-0043580	\$8.7	Not Applicable 5 Additional
	, 5.0		27				5. Certificate of Status Desired		Required
City & State			City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	25	ountry	Zip 29	Count	try		8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s	199.032,
.L		ddress of Current R					10. Name and Address of New R		
				E	Nar	ne			
SCHNITZER, GERALD S 2455 E SUNRISE BLVD, STE 502				E	Stre	et Addre	ss (P.O. Box Number is Not Acceptable	le)	
	DERDALE FL 33			6	33	·			
11 0100	CHD/ACC I C GG	001		-	34 City			—. 8 5 2	p Code
							tion submits this statement for the pur	<u> </u>	
familiar with	n, and accept the	obligations of, Section	607.0505, Florida Statutes title if applicable (NO	TE: Registered A				DATE	
2. II.E	PST	OFFICERS AND D	DELETE	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12 Addition
AME	SCHNITZER,	GERALD S.		1.2 NAM					
TREET ADDRESS	2455 E SUN	RISE BLV #502		1.3 STR	EET ADDRE	ss			
HTY-ST-ZIP	FT LAUDERC	DALE FL	☐ DELETE		r-ST-ZIP			Channe Channe	- Iddition
ITLE NAME			□ nersie	2 1 TITU 22 NAM				☐ Change	☐ Addition
TREET ADDRESS					eet addre	ss			
J.Y ST - ZIP				2.4 CITY	r-ST-ZIP				
TLF			☐ DELETE	3 1 TITI				Change	Addition
IAME				3 2 NAM					
AREET ADDRESS SITY - ST - ZIP					IEET ADDRE 7-ST-ZIP	SS			
IILÉ			☐ DELETE	4. 1 TITL		+		☐ Change	Addition
AME			—	4.2 NAM	(E			_	_
TREET ADDRESS				4.3 STR	EET ADDRE	ss			•
ITY - \$1 - ZIP				4.4 CITY	- \$T-ZIP				
TLE			DELETE	5 1 111				☐ Change	☐ Addition
AME IDEEL ADODECC				5.2 NAM	1E Eet addre				
OTREET ADDRESS DITY-ST-ZIP					EET ADDHE (-ST-ZIP	20			
11LF			☐ DELETE	6. 1 TIT		+		☐ Change	☐ Addition
NAME			- -	6.2 NAM	1E				
STREET ADDRESS				6.3 STR	EET ADDRE	ss			
CITY - ST - ZIP					-ST-ZIP				
certify that	the information inc	ficated on this annual.	report or supplemental anni	ual report is:	true and	accurate	r the exemption stated in Section 119. e and that my signature shall have the report as required by Chapter 607, Flo	same legal effect as	if made under
appears in	Block 12 or Block	: 13 if changed, or on a	on or the receiver or truster on attachment with an addr	e empowere ess.	A F	COLE UIS	report as required by Chapter 607, Fit	AIGA STATUTES, AFIO T	iai my name

SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF CER OF DIRECTOR

ERALDS. SCHNITZER

P/S/T 4/24/96 954.564.7701