

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710014 (2)
1. Corporation Name
HOMESTEAD-SOUTH DADE BOARD OF REALTORS, INC.



Principal Place of Business Mailing Address
**44 NE 16 ST.
HOMESTEAD FL 33030-4511** **44 NE 16 ST.
HOMESTEAD FL 33030-4511**

3. Date Incorporated or Qualified **12/07/1965** 3a. Date of Last Report **07/19/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1156778	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAKE, DONNA 44 NE 16 STREET HOMESTEAD FL 33030		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, DONNA	1.2 NAME	
STREET ADDRESS	44 NE 16 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030-4511	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORN, B.J.	2.2 NAME	Henry Quintana
STREET ADDRESS	30384 OLD DIXIE HWY	2.3 STREET ADDRESS	15688 SW 32 st
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Miami FL 33170
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, HENRY	3.2 NAME	Debbie Bishop
STREET ADDRESS	15688 S. 232 ST.	3.3 STREET ADDRESS	7 N.W. 21 st
CITY-ST-ZIP	MIAMI FL 33170	3.4 CITY-ST-ZIP	Homestead FL 33030
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, SUE	4.2 NAME	Nancy Prewitt
STREET ADDRESS	690 HOMESTEAD BLVD.	4.3 STREET ADDRESS	1207 N Krome Ave
CITY-ST-ZIP	HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	Homestead FL 33030
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELLILLA, CLELL	5.2 NAME	
STREET ADDRESS	1900 N. KROME AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna Blake 11/16/96 305-245-9994
Date Daytime Phone #

CFR2E037 (12/95)