

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 844419 (2)

1. Corporation Name
CENTURY 21 REAL ESTATE CORPORATION

Principal Place of Business
339 JEFFERSON ROAD
PARSIPPANY N 07054
US

Mailing Address
339 JEFFERSON RD
P.O. BOX 18564
PARSIPPANY N 07054-3707
US

3. Date Incorporated or Qualified 10/19/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 6 Sylvan Way Suite, Apt. #, etc.	2a. Mailing Address 26 6 Sylvan Way Suite, Apt. #, etc.	4. FEI Number 95-3414846	Applied For Not Applicable
22 City & State 23 Parsippany, NJ	27 City & State 28 Parsippany, NJ 07054	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 07054	25 USA	29 07054	30 USA
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT W. PITTMAN TIME WARNER, 75 ROCKEFELLER PLAZA NEW YORK N <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Robert T. Moles 6 Sylvan Way Parsippany, NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAUL M. MCNICOL 305 OAKLEY COURT MILL NECK N <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treasurer Scott E. Forbes 6 Sylvan Way Parsippany, NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHEN P. HOLMES 43 GREENVIEW DR PEQUANNOCK N <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Jeanne M. Murphy 6 Sylvan Way Parsippany, NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY R. SILVERMAN 4 EAST 72ND ST NEW YORK N <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director James E. Buckman 6 Sylvan Way Parsippany, NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT W. PITTMAN TIME WARNER, 75 ROCKEFELLER PLAZA NEW YORK N <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	COB, Director Richard A. Smith 6 Sylvan Way Parsippany, NJ 07054 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN D. SNODGRASS 67 PROSPECT HILL ROAD SUMMIT N <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	COO; Exec.V.P. Mayo S. Stuntz, Jr. 6 Sylvan Way Parsippany, NJ 07054 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: Scott E. Forbes 4/25/97 (201)359-5065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002261

CR2E034 (9/96)