

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

**FILED**  
**Mar 05 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 # F29204 (7)**  
 1. Corporation Name  
**MAR HOW REALTY, INC.**



Principal Place of Business Mailing Address  
**% KRONGOLD & BASS** **% KRONGOLD & BASS**  
**201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801** **201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134-5189**

3. Date Incorporated or Qualified **04/10/1981** 3a. Date of Last Report **04/26/1996**  
 4. FEI Number **59-2086637** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**DAVIS, ELDA**  
**201 ALHAMBRA CIRCLE, 9TH FLOOR**  
**CORAL GABLES FL**  
 10. Name and Address of New Registered Agent  
 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 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRONGOLD, M. RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE, 8TH FLOOR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, ELDA M.</b>	2.2 NAME	
STREET ADDRESS	<b>201 ALHAMBRA CRCL.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRONGOLD, GLENDA</b>	3.2 NAME	
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE, 8TH FLOOR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	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	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date **2/26/97** Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/96)