

FILE NOW. FILING FEE (AFTER MAY 1st) IS \$550.00

PROFIT AMENDED
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL 14 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F29204

1. Corporation Name
MAR HOW REALTY, INC.

Principal Place of Business % KRONGOLD & BASS 201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801 CORAL GABLES FL 33134	Mailing Address % KRONGOLD & BASS 201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801 CORAL GABLES FL 33134
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 04/10/1981	4. FEI Number 59-2086637	Applied For Not Applicable
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	85 Zip Code
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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 installing		DATE
12. OFFICERS AND DIRECTORS				
TITLE	P	<input checked="" type="checkbox"/> DELETE	11 TITLE	P
NAME	KRONGOLD, M. RONALD		12 NAME	James Fried
STREET ADDRESS	201 ALHAMBRA CIRCLE, 8TH FLOOR		13 STREET ADDRESS	555 N.E. 34th Street, #2606
CITY-STATE-ZIP	CORAL GABLES FL		14 CITY-STATE-ZIP	Miami, FL 33137
TITLE	D	<input checked="" type="checkbox"/> DELETE	21 TITLE	
NAME	DAVIS, ELDA M.		22 NAME	
STREET ADDRESS	201 ALHAMBRA CRCL.		23 STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL		24 CITY-STATE-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	31 TITLE	
NAME	KRONGOLD, GLENDA		32 NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE, 8TH FLOOR		33 STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL		34 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	41 TITLE	
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-STATE-ZIP			44 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	51 TITLE	
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-STATE-ZIP			54 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	61 TITLE	
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-STATE-ZIP			64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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, with all other like empowered.

SIGNATURE: *James Fried, Pres.* 7/25/99 561-750-9008