FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F61073 (5)

1. Corporation Name

CAPE CORAL REALTY, INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIR. 8TH FLOOR CORAL GABLES FL 33134 US	255 ALHAMBRA CIR. 8TH FLOOR CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2242250 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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. [X] Yes [ ] No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24; Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29; Country — 30

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 TITLE	[ ] Change [ ] Addition
NAME	GETMAN, DENNIS J.	1 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	1 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1 CITY-ST-ZIP	
TITLE	P	2 TITLE	[ ] Change [ ] Addition
NAME	KOSZULINSKI, GEORG	2 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	2 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2 CITY-ST-ZIP	
TITLE	VTD	3 TITLE	[ ] Change [ ] Addition
NAME	MCNAIRY, CHARLES	3 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3 CITY-ST-ZIP	
TITLE	SD	4 TITLE	[ ] Change [ ] Addition
NAME	KERRIGAN, JUANITA I.	4 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	4 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4 CITY-ST-ZIP	
TITLE		5 TITLE	V — [ ] Change [X] Addition
NAME		5 NAME	SABER, JOSEPH
STREET ADDRESS		5 STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP		5 CITY-ST-ZIP	CORAL GABLES, FL
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juanita I. Kerrigan, Secretary — 4/20/95 — (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

0141893 CP