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95 APR 18 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F66390 (8)		
1. Corporation Name FLORIDA EAST COAST REALTY, INC.		

Principal Place of Business	Mailing Address
P.O. 012949 MIAMI FL 33101 US	P. O. BOX 012949 MIAMI FL 33101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1982		3a. Date of Last Report 03/22/1994	
2. Principal Place of Business		4. FEI Number 59-2166506	
21	2a. Mailing Address	Applied For	
Suite, Apt. #, etc.		Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	29		
Zip	Country		
25	30		

9. Name and Address of Current Registered Agent

GRAY, U D
100 S. BISCAYNE BLVD
STE 1100
33131

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR VP/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, STEVE	1.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLO, WAYNE	2.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, U D	3.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 00000	3.4 CITY, ST, ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANAN, PHILIP C	4.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD.	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL	4.4 CITY, ST, ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAFFA, PHILLIP A.	5.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL	5.4 CITY, ST, ZIP	
TITLE	P/D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLO, TIBOR	6.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD.	6.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL.	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 110.07(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: U. D. Gray, Director Date: 4/11/95 District Office #: 358-7910