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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004657 (0)

1. Corporation Name

REAL ESTATE ORGANIZATION LTD., INC.

Principal Place of Business

1919 N.E. 45TH STREET
SUITE 220
FT LAUDERDALE FL 33308

Mailing Address

1919 N.E. 45TH STREET
SUITE 220
FT LAUDERDALE FL 33308-5136

3. Date Incorporated or Qualified

09/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDMAN, DAVID
1919 N.E. 45TH ST., STE 220
FT LAUDERDALE FL 33308

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

DAVID LANDMAN, President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO
NAME LANDMAN, DAVID
STREET ADDRESS 5701 CENTRE AVENUE, STE L10
CITY-ST-ZIP PITTSBURGH PA

TITLE D
NAME LANDMAN, SAMUEL A
STREET ADDRESS 5701 CENTRE AVENUE, STE L10
CITY-ST-ZIP PITTSBURGH PA

TITLE D
NAME RECK, WAYNE
STREET ADDRESS 5701 CENTRE AVENUE, STE L10
CITY-ST-ZIP PITTSBURGH PA

TITLE CD
NAME PEPE, FRANK J
STREET ADDRESS 808 ENSIGN DRIVE
CITY-ST-ZIP FORKED RIVER NJ

TITLE D
NAME PEPE, JOANNE
STREET ADDRESS 808 ENSIGN DRIVE
CITY-ST-ZIP FORKED RIVER NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0264443

CR2E034 (9/96)