

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **F96773** (9)

1. Corporation Name
REALTY SERVICES MANAGEMENT, INC.

05 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**740 N.E. 167TH ST
#102
NORTH MIAMI BEACH FL 33162** **P. O. BOX 821613
SOUTH FLORIDA FL 33082
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1982	3a. Date of Last Report 08/04/1994
4. FEI Number 59-2422564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**JENNINGS, JERRY
P. O. BOX 821613
SOUTH FLORIDA FL 33082**

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

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 after recording)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, GERALD
STREET ADDRESS	P. O. BOX 821613 N/A
CITY - ST - ZIP	SOUTH FLORIDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY - ST - ZIP	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. 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)(a), Florida Statutes. I further certify that the information included on this 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 its successor or trustee empowered to execute this report under Chapter 622, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report and on the appropriate address.

SIGNATURE: *Jerry Jennings*
BIOGRAPHIC AND TYPE OR PRINTED NAME OF BIOGRAPHIC OFFICER OR DIRECTOR

GERALD PRICE 4/29/95
Jerry Jennings 4/12/95
Date Date