


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004315 (4)**

1. Corporation Name

DELUXE REALTY, LTD., INC.



Principal Place of Business % JOSEPHINE PERCY 2800 ISLAND BLVD. SUITE 2703 WILLIAMS ISLAND FL 33160-4935	Mailing Address % JOSEPHINE PERCY 2800 ISLAND BLVD. SUITE 2703 WILLIAMS ISLAND FL 33160-4935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1997	
21 Suite, Apt. #, etc.	22 City & State	26 350 5TH AVE	27 1232	28 NEW YORK NY	29 10118
23 Zip	24 Country	25	26	27	28
29	30	31	32	33	34
9. Name and Address of Current Registered Agent PERCY, LEONARD 2800 ISLAND BLVD. SUITE 2703 WILLIAMS ISLAND FL 33160-4935		10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)			
83		84 City			
85		86 Zip Code			
87		88			
89		90			
91		92			
93		94			
95		96			
97		98			
99		100			

PERCY, LEONARD
2800 ISLAND BLVD. SUITE 2703
WILLIAMS ISLAND FL 33160-4935

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code
87	88
89	90
91	92
93	94
95	96
97	98
99	100

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

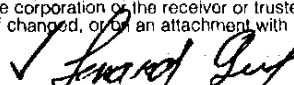
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PERCY, JOSEPHINE	1.1 TITLE	
NAME	350 5TH AVENUE, ROOM 1232	1.2 NAME	
STREET ADDRESS	NEW YORK NY 10118	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S PERCY, LEONARD	2.1 TITLE	
NAME	350 5TH AVENUE, ROOM 1232	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10118	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: 

CR2E034 (10/97)