

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H30592** (0)
1. Corporation Name
SARKIN REALTY, INC.



Principal Place of Business: **2751 PALM AIRE DRIVE SOUTH, STE 29/105 POMPANO BEACH FL 33069**
Mailing Address: **2751 PALM AIRE DRIVE SOUTH, STE 29/105 POMPANO BEACH FL 33069**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	11/20/1984		04/27/1995
4.	FIT Number	Applied For	
	59-2467324	<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. 199.032, Florida Statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SARKIN, HAROLD		81	Name
2751 PALM AIRE DRIVE, SOUTH SUITE 29/105 POMPANO BEACH FL 33064		82	Street Address (P.O. Box Number is Not Acceptable)
		83	City
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE: *Harold Sarkin, Pres.* *Marcia R. 1996*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKIN, HAROLD	2. NAME	
STREET ADDRESS	2751 PALM AIRE DR. SO.	3. STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4. CITY-ST-ZIP	
TITLE	VPD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKIN, JEFF	6. NAME	
STREET ADDRESS	2000 HOLIDAY DRIVE	7. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	8. CITY-ST-ZIP	
TITLE	STD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKIN, SANDRA	10. NAME	
STREET ADDRESS	2951 PALM AIRE DR SO	11. STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is what I have 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 this corporation or the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *Marcia R. 1996* *Harold Sarkin, Pres.*

CR2E034 (12/95)