

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:16

DOCUMENT # **H32346** (9)

1. Corporation Name
URBANWEST REALTY, INC.

Principal Place of Business
**4810 ROYAL PALM BCH BLVD
W.PALM BCH. FL 33411**

Mailing Address
**4810 ROYAL PALM BCH BLVD
W.PALM BCH. FL 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/04/1984

3a. Date of Last Report
03/18/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1896879		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MACLEOD, JANET 12820 SHORE DR. PALM BCH GARDENS FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MACLEOD, JANET A	1.2 NAME					
STREET ADDRESS	12820 SHORE DR.	1.3 STREET ADDRESS					
CITY - ST - ZIP	PALM BCH GARDENS FL	1.4 CITY - ST - ZIP					
TITLE	VTD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TRIPP, STEPHEN A	2.2 NAME					
STREET ADDRESS	12820 S SHORE DR.	2.3 STREET ADDRESS					
CITY - ST - ZIP	PALM BCH. GARDENS FL	2.4 CITY - ST - ZIP					
TITLE	D	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHASE, JEAN A	3.2 NAME					
STREET ADDRESS	1188 FERNLEA DR.	3.3 STREET ADDRESS					
CITY - ST - ZIP	W. PALM BCH. FL	3.4 CITY - ST - ZIP		13257 TANGERINE BLVD WEST PALM BEACH, FL 33412			
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		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)(b), 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: _____ DATE: **3/1/95 (407) 798-5277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR