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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H40228** (9)  
1. Corporation Name  
**FARREY REALTY INC.**

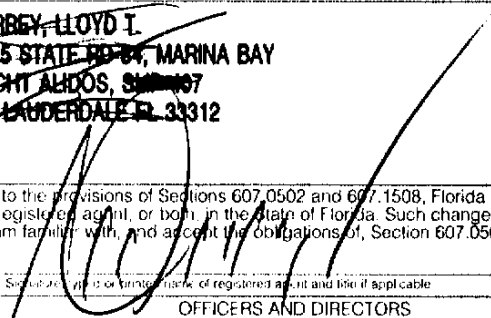


Principal Place of Business <b>4801 S. UNIVERSITY DR. FT. LAUDERDALE FL 33328 US</b>	Mailing Address <b>4801 S. UNIVERSITY DR. FT. LAUDERDALE FL 33328-3839 US</b>
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2. Principal Place of Business 21 <b>11548 TERRABELLA BLVD</b> Suite, Apt. #, etc. <b>BLVD</b> 22 <b>PLANTATION FL</b> City & State 23 <b>33325</b> Country <b>USA</b> 24 <b>33325</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>11548 TERRABELLA BLVD</b> Suite, Apt. #, etc. 27 <b>PLANTATION FL</b> City & State 28 <b>33325</b> Country <b>USA</b> 29 <b>33325</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>01/21/1985</b> 3a. Date of Last Report <b>07/30/1996</b> 4. FEI Number <b>59-2493677</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>FARREY, LLOYD I. 2175 STATE RD 84, MARINA BAY YACHT ALDOS, SUITE 107 FT. LAUDERDALE FL 33312</b>	10. Name and Address of New Registered Agent 81 Name <b>L. THOMAS FARREY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11548 TERRABELLA BLVD</b> 83 <b>PLANTATION</b> FL 85 <b>33325</b> 84 City
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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  (NOTE: Registered Agent signature required when reinstating) DATE **3/31/97**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME <b>PD</b> STREET ADDRESS <b>FARREY, LLOYD THOMAS</b> CITY-ST-ZIP <b>2175 STATE RD 84, MARINA BAY, ALDOS FT. LAUDERDALE FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 954-434-3111

CR2E034 (9/96)