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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H77224 (4)

1. Corporation		• •					
PROSP	ECT REALTY, INC.				t (AA)Au Ain 1860 Itala (1866 A)	l Aldi Albii Bibib	1460 1460 14 60 1460 160
Principal Place of Business Mailing Address					FARRING TO THE TRAIN HEALT CLA	(0)01 012(1 010 ()	BIBIT BIBIT BIBIT ETDIE TOBE
16632 SADDLE CLUB ROAD 16632 SADDLE CLUB ROAD FT. LAUDERDALE FL 33326-8808 FT. LAUDERDALE FL 33326-8808							
					3. Date incorporated or Qualified 09/23/1985		of Last Report 20/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-2587981		Applied For
21		Suite, Apt. #, etc.			39-230/901		Not Applicable
Suite, Apt. #	, etc.	27			5. Certificate of Status Dosired		\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for		under s 199.032,
24	25	29	30		Florida Statutes Ye		
	9. Name and Address of Curre	ent Registered Agent	8	I Name	10. Name and Address of New	Hegistered A	gent
DVCZEV	, Robert L.						
	W 15TH STREET		8:	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	KE PINES FL 33026		8:	3			
Lindiio	712 7 11 120 7 2 00020						TITE A
			8	1 ′		FL	85 Zip Code
	o the provisions of Sections 607.051 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	02 and 607,1508, Florida Statut prida, Such change was authoriz ction 607,0505, Florida Statutes	es, the above red by the cor s.	-named corpi poration's bo	oration submits this statement for the po and of directors. Thereby accept the app	irpose of char pointment as r	iging its registered office egistered agent. I am
SIGNATURE	Signature, typed or printed han ellof registrated ag-	ent and the dapphane (No	DIE Registered Ap	ort signature requi	est whereenstainig	DAIF	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	T AMERICA D. AMADAANAR	DELETE	1.111111		PRESIDENT	X.	Change Addition
NAME	Winfield, Marianne 1661 NW 113 Ave		1.2 NAM6		ROBERT L. RYCZEK 5320 S.W. 186 AVENU	_	
STREET ADDRESS	PEMBROKE PINES FL			FT ADDRESS	FT. LAUDERDALE, FL		111
CITY-ST-ZIP T:TLF	P P	☐ DELETE	1.4 CHY- 2. 1 TiTul		II. LAUDENDALL, IL		Change Addition
NAME	RYCZEK, ROBERT		2.2 NAMI			L.	
STREET ADDRESS	11410 NW 15 ST			ET ADDRESS			
CifY-ST-7IP	PEMBROKE PINES FL		2 4 CITY	-ST - ZIP			
THUE		☐ DELETE	3 1 TITL				Change Addition
NAME			3 2 NAM				
STREET ADDRESS			3.3 STRE	FT ADDRESS			
CITY - ST - ZIP		Flouris	3.4 Cily				Observation (Control of the Control
TOLE	* e	☐ DELETE	4. 1 TIIL			i_	Change Addition
NAME			4.2 NAM				
STREET ADDRESS				EL ADDRESS			
CITY - ST - ZIP TITLE		DELFIE	44 C+1Y 5 1 T TL				Change Addition
NAME			5.2 NAM				,
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP			5.4 CITY				
TITLE		☐ DELETE	6 TITL				Change Addition
NAME			6.2 NAM				
STREET ADDRESS			6.3 STPE	ET ACORESS			
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 119.07(3)(s). 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 propowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chargest, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR