

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J25811 (7)

1. Corporation Name
BRATTLUF REALTY GROUP, INC.



Principal Place of Business 7 FLORIDA PARK DR. STE C P.O. BOX 352379 PALM COAST FL 32137-3806 US	Mailing Address 7 FLORIDA PARK DR. STE C P.O. BOX 352379 PALM COAST FL 32137-3806 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 07/25/1986	3a. Date of Last Report 01/26/1995	4. FEI Number 59-2699170	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. 199.332, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent BLALOCK, HOLBROOK AND A INDEPENDENT SQUARE SUITE 2301 JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD THORNHILL, LESLIE B. <input type="checkbox"/> DELETE	1.1 TITLE	PD Thornhill, Leslie B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 ADDISON DR	1.2 NAME	4324 OLD AIA SOUTH
STREET ADDRESS	ORMOND BCH FL	1.3 STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD BRATTLUF, HERBERT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	9 CAPRI CT	2.2 NAME	
STREET ADDRESS	PALM COAST FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GARDNER, NANCY L <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	1004 S. FLAGLER AVE.	3.2 NAME	
STREET ADDRESS	FLAGLER BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T GIUMENTA, RICHARD A <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	65 WELLSTREAM LN	4.2 NAME	
STREET ADDRESS	PALM COAST FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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 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: LESLIE B. THORNHILL 4/5/96

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day, the Month, #

CR2E034 (12/95)