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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

J54597

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	EALTY, INC.			T LEATHIR AND ANNI ANNI ANDRA DHIKO IN	HI 1834 BI BI BI BI BI BI BIBI BIBI BIBI BIBI
Principal Place of Business		Mailing Address			
ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. SOUTH. SUITE 400 WEST PALM BEACH FL 33401		ONE CLEARLAKE CENTRE 250 Australian ave. South. Suite 400 West Palm Beach Fl 33401			
				 Date Incorporated or Qualified 01/30/1987 	3a. Date of Last Report 05/01/1995
·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2770795	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Bo
. Zip	Country	28		Trust Fund Contribution	Added to Fees
اله الله	25	Ζιρ 29	Country 30	This corporation has liability for Florida Statutes	
	9. Name and Address of Curre		1301	10. Name and Address of New	
			81 Name		
	Kathleen L.		82 Street Add	dress (P.O. Box Number is Not Accepta	ble
1645 PA	LM BEACH LAKES BLVD., STE	#620			
WEST P	ALM BEACH FL 33401		83		
			B4 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508. Florida Statute	es the shove period corns	pration submits this statement for the pu	PL
or registen	ed agent, or both, in the State of Flor	rida. Such change was authorize	ed by the corporation's boa	pration submits this statement for the pu and of directors. I hereby accept the app	or changing its registered office pointment as registered agent. I am
familiar wit		stion 607 0606. Florida Statutas.			
Territoria Tri	n, and accept the obligations of, Sec	ction 607,0505, Florida Statutes	•		
SIGNATURE _	Signature, typi dide printed name of registeren ager	nt and tire Lappicable. (NO	TE: Registered Agent signature require		DATE
SIGNATURE _	Spratum, typicd or printed name of roughleren age. OFFICERS AN	nt and tire i applicable (NO ND DIRECTORS	TE: Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE _	Signature, by ed or probable having of royalered agree OFFICERS AN	nt and tire Lappicable. (NO	TE: Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	
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PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/5/96 /407/820-1300