

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 12 AM 8:53

DOCUMENT # **J60397** (3)

1. Corporation Name  
**R/E ANALYSTS, INC.**

Principal Place of Business	Mailing Address
% MICHAEL A. MCGARRY 1213 S.E. THIRD AVE FT. LAUDERDALE FL 33316	% MICHAEL A. MCGARRY 1213 S.E. THIRD AVE FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/05/1987</b>		3a. Date of Last Report <b>04/11/1994</b>	
2. Principal Place of Business		4. FBI Number <b>65-0001364</b>	
21	2a. Mailing Address	Applied For Not Applicable	
Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		<b>\$8.75 Additional Fee Required</b>	
23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		<b>\$5.00 May Be Added to Fees</b>	
25		8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
26			
27			
28			
29			
30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGARRY, MICHAEL A. 1213 S.E. THIRD AVE. FT. LAUDERDALE FL 33316				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRY, MICHAEL A.	1.2 NAME	
STREET ADDRESS	1213 S.E. THIRD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GREGG A	2.2 NAME	Delete
STREET ADDRESS	1213 SE 3 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Vice President
STREET ADDRESS		3.3 STREET ADDRESS	Christopher Mafela
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1213 SE 3rd Ave FT. LAUDERDALE, FL 33316
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 119.07(3)(a), 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: *[Signature]* M. Andrew Mcbary 6/7/95 305 7607990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Floor #)

CR2E034 (3/95)