

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J60397
 1. Corporation Name
R/E ANALYSTS, INC.

Principal Place of Business 1213 S.E. THIRD AVE FT. LAUDERDALE, FL 33316	Mailing Address 1213 S.E. THIRD AVE FT. LAUDERDALE, FL 33316
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AMENDED MAY 13, 1997

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 03/05/1987	3a. Date of Last Report 03/28/97
4. FEI Number 65-0001364	Applied For Not Applicable
5. Certificate of Status Desired <input 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCGARRY, MICHAEL A.
1213 S.E. THIRD AVE.
FT. LAUDERDALE, FL 33316

10. Name and Address of New Registered Agent

81 Name **MAFERA, CHRISTOPHER**
82 Street Address (P.O. Box Number is Not Acceptable)
1213 S.E. THIRD AVE.
83
84 City **FT. LAUDERDALE** **FL** **85 Zip Code** **33316**

11. Pursuant to the provisions of Sections 607.0504 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 607.0605, Florida Statutes.

SIGNATURE _____ **DATE** _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V/T <input checked="" type="checkbox"/> DELETE
NAME	MCGARRY, MICHAEL A.
STREET ADDRESS	1213 SE THIRD AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	P <input type="checkbox"/> DELETE
NAME	MAFERA, CHRISTOPHER
STREET ADDRESS	1213 SE THIRD AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	V/S <input type="checkbox"/> DELETE
NAME	DOOLEY, M. SCOTT
STREET ADDRESS	1213 SE THIRD AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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*****61.25**

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, or on an attachment with an address.

SIGNATURE: _____ **5-13-97** **954-760-7990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)