

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

FILED
May 27 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 # J89679 (1)
1. Corporation Name
REALNOR PROPERTIES, INC.



Principal Place of Business C/O NANCY C POND 700 BRICKELL AVE MIAMI FL 33131	Mailing Address 50 S LASALLE STREET 9/O-CORPORATE TAX M-11 CHICAGO IL 60603-1608 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 c/o Peggy Walsh, M-9 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 08/26/1987	3a. Date of Last Report 01/31/1996
		4. FEI Number 65-0006045	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Valerie A. Stott 700 BRICKELL AVE MIAMI FL 33131	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 Valerie A. Stott VALERIE A. STOTT DATE 5/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AD- ☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	STOTT, VALERIE A.	1.2 NAME	P, D
STREET ADDRESS	700 BRICKELL AVE -	1.3 STREET ADDRESS	William L. Morrison
CITY - ST - ZIP	MIAMI FL -	1.4 CITY - ST - ZIP	700 Brickell Avenue
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIGSBEE, H. JAMES	2.2 NAME	
STREET ADDRESS	700 BRICKELL AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	LYNCH, STEPHEN A., III	3.2 NAME	
STREET ADDRESS	700 BRICKELL AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	NOBLE, CARLOS	4.2 NAME	
STREET ADDRESS	700 BRICKELL AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RITA, DIANNE	5.2 NAME	
STREET ADDRESS	700 BRICKELL AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 Valerie A. Stott Valerie A. Stott (325) 786-1517

CR2E034 (9/96)