

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

DOCUMENT # **K37104** (2)

1. Corporation Name
REM REALTY, INC.



Principal Place of Business: **% BRUCE M. GOTTLIEB, 1109 N. FEDERAL HWY #8, HOLLYWOOD FL 33020**
Mailing Address: **% BRUCE M. GOTTLIEB, 1109 N. FEDERAL HWY #8, HOLLYWOOD FL 33020**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

3. Date Incorporated or Qualified: **10/06/1988**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0161756**
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
**MILLER, TODD L
1109 N FED HWY 8
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent (81-84)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, State (FL), Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: PD
NAME: MILLER, TODD L
STREET ADDRESS: 8 1109 N FEDERAL HWY
CITY - ST - ZIP: HOLLYWOOD FL
2. TITLE: ST
NAME: MILLER, ROBERT L
STREET ADDRESS: 8 1109 N FEDERAL HWY
CITY - ST - ZIP: HOLLYWOOD FL
3. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
4. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____
5. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY - ST - ZIP: _____
2.1 TITLE: _____
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY - ST - ZIP: _____
3.1 TITLE: _____
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY - ST - ZIP: _____
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY - ST - ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY - ST - ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
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 trustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____

CR2E034 (12/95)