

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K61239** (5)

1. Corporation Name
REAL COMPUTER PROPERTY CORP.



Principal Place of Business: **14951 S. DIXIE HWY. MIAMI FL 33176-7929**
Mailing Address: **14951 S. DIXIE HWY. MIAMI FL 33176-7929**

2. Principal Place of Business
21 **14532 SW 140 COURT**
Suite, Apt. #, etc.
22
City & State: **MIAMI FL**
23
Zip: **33186** Country: **USA**
24
2a. Mailing Address:
26 **14532 SW 140 COURT**
Suite, Apt. #, etc.
27
City & State: **MIAMI FL**
28
Zip: **33186** Country: **USA**
30

3. Date Incorporated or Qualified: **01/26/1989**
3a. Date of Last Report: **01/20/1995**
4. FLI Number: **65-0115046**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KILTIE, JAMES H.
14951 S. DIXIE HIGHWAY
SUITE 501
MIAMI 33176**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **8360 SW 48 STREET**
83
84 City: **MIAMI** FL 85 Zip Code: **33155**

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(9), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 620.05(6), Florida Statutes.

SIGNATURE

Signature of the registered agent or the registered agent's authorized representative

Signature of the president or secretary of the corporation

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILTIE, JAMES H.	
STREET ADDRESS	14951 S. DIXIE HWY	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FILMORE, FRANCIE A.	
STREET ADDRESS	14951 S. DIXIE HIGHWAY	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUKOWSKI, MARTIN	
STREET ADDRESS	14951 S. DIXIE HIGHWAY	
CITY - ST - ZIP	MIAMI FL	
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS	8360 SW 48 STREET		
14 CITY - ST - ZIP	MIAMI FL 33155		
21 TITLE			
22 NAME			
23 STREET ADDRESS	14532 SW 140 COURT		
24 CITY - ST - ZIP	MIAMI FL 33186		
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 119.04(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 or person 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: **Francie Filmore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 305-234-4446
DATE OF FILING

CR2E034 (12/95)