FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 -$200.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K66555** **(9)**

1. Corporation Name

RALSTON REAL ESTATE, INC.

Principal Place of Business

400 EAST SOUTH STREET
STE. 500
ORLANDO FL 32801

Mailing Address

400 EAST SOUTH STREET
STE. 500
ORLANDO FL 32801

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

3. Date Incorporated or Qualified: **02/17/1989**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-1857770** [ ] 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. Is corporation accruing, for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

RALSTON, GARY M.
400 EAST SOUTH ST.
STE. 500
ORLANDO FL 32801

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

11. Pursuant to the provisions of Section [illegible] 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. The principal place of business of the corporation is the same as indicated in Block 2 above. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RALSTON, GARY M.
STREET ADDRESS	400 EAST SOUTH ST. #400
CITY, ST, ZIP	ORLANDO FL
TITLE	[ ] DIR [ ] DEL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ] DEL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ] DEL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ] DEL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ] DEL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

1. TITLE	[ ] Change [ ] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this report is true and complete, and does not qualify for the exemptions contained in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment to this report is true and complete, 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 of this report or on any attachment with the proper title.

SIGNATURE: GARY M. RALSTON 4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date