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 # **K98743** **(3)**

1. Corporation Name

FORTY-TWO REALTY, INC.

Principal Place of Business	Mailing Address
~~SUITE 100 NATIONAL FINANCIAL BUILDING~~ ~~4215 SOUTHPOINT BOULEVARD~~ ~~JACKSONVILLE FL 32216~~ 3127 Atlantic Blvd., #117 Jacksonville, FL 32207	SUITE 100 NATIONAL FINANCIAL BUILDING 4215 SOUTHPOINT BOULEVARD JACKSONVILLE FL 32216

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/29/1989	3a. Date of Last Report: 04/26/1995
21 ~~6821 Southpoint Drive S.~~	26	4. FEI Number: 59-2956428	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 ~~#108~~	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 ~~Jacksonville, FL~~	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 ~~32216~~ / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ANSBACHER, BARRY B.
SUITE 100, NATIONAL FINANCIAL BLDG.
4215 SOUTHPOINT BOULEVARD
JACKSONVILLE FL 32216

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 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

Signature, typed or printed name of registered agent and title if agent is a corporation NOTE: Registered Agent signature required for each registration DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HELMING, HARLAN D.		1.2 NAME	
STREET ADDRESS	2988 BERNICE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GEFEN, LOIS I.		2.2 NAME	
STREET ADDRESS	6740 N. EPPING FOREST WY		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAFFE, BARBARA GEFEN		3.2 NAME	
STREET ADDRESS	6750 N. EPPING FOREST WY		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	600001786606
STREET ADDRESS			6.3 STREET ADDRESS	-04/19/96--01013--004
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***200.00

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)(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 attached amendment, if addition.

SIGNATURE: Harlan D. Helming 3/11/96 904-733-1202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)