

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L00547 (4)  
1. Corporation Name  
BROTHERS REALTY, INC.

Principal Place of Business  
6801 N.E. 35TH AVENUE  
MIAMI FL 33147

Mailing Address  
6801 NW 35TH AVE  
MIAMI FL 33147  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1563 Island Way Suite, Apt. #, etc. 22 Weston City & State 23 Florida Zip 24 33326		2a. Mailing Address 26 1563 Island Way Suite, Apt. #, etc. 27 Weston Florida City & State 28 Florida Zip 29 33326		3. Date Incorporated or Qualified 07/03/1989		4. FEI Number 65-0129583		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KLEIN, THEODORE J., ESQUIRE 16855 N E 2ND AVENUE SUITE 301 N MIAMI BEACH FL 33162		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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	HOLLAND, JAY	1.2 NAME	
STREET ADDRESS	6801 NW 35 AVE	1.3 STREET ADDRESS	1563 Island Way
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Weston FL 33326
TITLE	VSD	2.1 TITLE	
NAME	HOLLAND, HARVEY	2.2 NAME	
STREET ADDRESS	6801 NW 35 AVE	2.3 STREET ADDRESS	1563 Island Way
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Weston FL 33326
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_ 4/6/98

CR2E034 (10/97)