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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Montan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L22233 (5)

1. Corporation Name

RYLAND REAL ESTATE ADVISORS, INC.

Principal Place of Business

Mailing Address

C/O STEPHEN H. MATHEWS
4674 N FEDERAL HIGHWAY, 3RD FLOOR
FORT LAUDERDALE FL 33308-1610

C/O STEPHEN H. MATHEWS
4675 N FEDERAL HIGHWAY, 3RD FLOOR
FORT LAUDERDALE FL 33308-1610

2. Principal Place of Business

2a. Mailing Address

21 3111 North Andrews Ave

26 3111 North Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale Fla.

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHEWS, STEPHEN H.
610 TENNIS CLUB DR., #304
FT LAUDERDALE FL 33311

81 Name Stephen H. Mathews

82 Street Address (P.O. Box Number is Not Acceptable)
836 Coonick Court

84 City Fort Lauderdale

FL

85 Zip Code 33312

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 applicable.

Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
MATHEWS, STEPHEN H.
610 TENNIS CLUB DR #304
FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

President
Stephen H. Mathews
836 Coonick Court
Fort Lauderdale, Fla. 33312

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

TITLE
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4. TITLE
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TITLE
NAME
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CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 907, 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

4/28/95

(800) 867-9774