

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

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 MAY -9 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L27085**

1. Corporation Name

BISCAYNE REALTY GROUP, INC.

Principal Place of Business
104 CRANDON BOULEVARD
SUITE 300
KEY BISCAYNE, FL 33149

Mailing Address
104 CRANDON BOULEVARD
SUITE 300
KEY BISCAYNE, FL 33149

3. Date Incorporated or Qualified 11-6-89	3a. Date of Last Report 4/96
4. FEI Number 65-0156993	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SALA, ROSEMARY 328 CRANDON BOULEVARD SUITE 202 KEY BISCAYNE, FLORIDA 33149	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 obligations 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 NAME STREET ADDRESS CITY-ST-ZIP DP BOZZUTO, JOHN E. 104 CRANDON BOULEVARD, SUITE 300 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP V PORTER, SHARI 104 CRANDON BOULEVARD, SUITE 300 KEY BISCAYNE, FLORIDA 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVS MCKENNA, JOY 104 CRANDON BOULEVARD, SUITE 300 KEY BISCAYNE, FL 33149 <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP PDS MCKENNA, JOY 104 CRANDON BOULEVARD, SUITE 300 KEY BISCAYNE, FLORIDA 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 900002175809--0 -05/12/97--01192--003 ***200.00 ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 900002175809--0 -05/12/97--01192--004 ***173.75 ***173.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

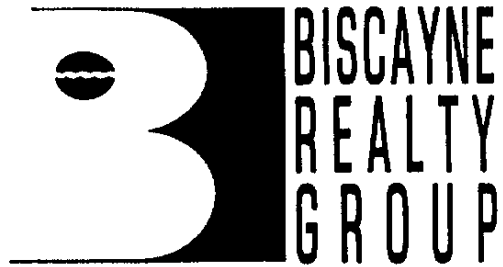
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 (305) 361-2555
Date Daytime Phone #

CR2E034 (9/96)



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May 7, 1997

Florida Department of State
Division of Corporations
Attn: Amy Alan
P.O. Box 6327
Tallahassee, Florida 32314

RE: 1996 AND 1997 ANNUAL REPORTS

Dear Ms. Alan:

Thanking you for taking the time to speak with me regarding our corporate status.

In accordance with that conversation and your instructions, enclosed please find check #15478 and #15203 totaling \$373.75 representing the fees for our 1996 and 1997 Annual Report.

As I advised you, John E. Bozzuto, President of Biscayne Realty Group, Inc., passed away last year and, to the best of our knowledge, did not receive the 1996 Annual Report.

I appreciate your assistance in this matter and look forward to receiving a 1997 status certificate. If you have any questions, please do not hesitate to contact me.

Sincerely,

Shari Porter,
Vice-President

enclosures

BISCAYNE REALTY GROUP, INC.-REALTORS
104 CRANDON BOULEVARD, SUITE 300
KEY BISCAYNE, FLORIDA 33149
(305) 361-2555 FAX (305) 365-0468