

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 # L51746 (0)

1. Corporation Name
7001 LAKE ELLENOR DRIVE REALTY, INC.



Principal Place of Business 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418
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2. Principal Place of Business 21 4200 Wackenhut Drive Suite, Apt. #, etc. 22 Suite 110 City & State 23 Palm Beach Gardens FL Zip 24 33410	2a. Mailing Address 26 4200 Wackenhut Drive Suite, Apt. #, etc. 27 Suite 110 City & State 28 Palm Beach Gardens FL Zip 29 33410
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3. Date Incorporated or Qualified 02/16/1990	3a. Date of Last Report 04/25/1995
4. FEI Number 65-0180722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent
**FLANIGAN, JOHN F
9TH FLOOR, BARNETT CENTRE
625 N. FLAGLER DRIVE
W. PALM BEACH FL 33401**

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

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 individual signatory in block 12 (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	TAMBONE, RICHARD P.	
STREET ADDRESS	4500 PGA BLVD., SUITE 304B	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	TAMBONE, LORI B.	
STREET ADDRESS	4500 PGA BLVD., SUITE 304B	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	4200 Wackenhut Dr., Suite 110	
14 CITY - ST - ZIP	Palm Beach Gardens FL 33410	
21 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	4200 Wackenhut Dr., Suite 110	
24 CITY - ST - ZIP	Palm Beach Gardens FL 33410	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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)(k), 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 officer 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-26-96**
Daytime Phone #: **407-625-0008**

CR2E034 (12/95)