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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L51924 (3)**
 1. Corporation Name
F & R REALTY CORP.

Principal Place of Business Mailing Address
1803 AUSTRALIAN AVE S SUITE A W PALM BEACH FL 33409
1803 AUSTRALIAN AVE S SUITE A W PALM BEACH FL 33409

2. Principal Place of Business 2a. Mailing Address
 21 **444 BRICKELL AVE** 2a **444 BRICKELL AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE 1001** 27 **SUITE 1001**
 City & State City & State
 23 **MIAMI FL** 28 **MIAMI FL**
 Zip Country Zip Country
 24 **33131 USA** 29 **33131 USA** 30 **USA**

3. Date Incorporated or Qualified **02/19/1990** 3a. Date of Last Report **02/22/1994**
 4. FEI Number **65-0186220** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHRAM, RONALD Y.
1803 AUSTRALIAN AVE S
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
 81 Name **RONALD Y. SCHRAM**
 82 Street Address (P.O. Box Number is Not Acceptable) **444 BRICKELL AVE**
 83 **SUITE 1001**
 84 City **MIAMI** FL 85 Zip Code **33131**

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 607.05, Florida Statutes.

SIGNATURE *Ronald Y. Schram* **RONALD Y. SCHRAM** 4/18/95
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPE
NAME	SCHRAM, RONALD Y
STREET ADDRESS	1420 N OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL 33480
TITLE	DVS
NAME	HESSL, FRANK J
STREET ADDRESS	6575 SW 98TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	DVT
NAME	MCGEE, FRANKLIN A
STREET ADDRESS	2810 OCEAN SHORE BLVD #8
CITY - ST - ZIP	ORMOND BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHRAM, RONALD Y
1.3 STREET ADDRESS	1470 N. OCEAN BLVD
1.4 CITY - ST - ZIP	PALM BEACH FL 33480
2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HESSL, FRANK JAY
2.3 STREET ADDRESS	444 BRICKELL AVE SUITE 1001
2.4 CITY - ST - ZIP	MIAMI FL 33131
3.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGEE, FRANKLIN A
3.3 STREET ADDRESS	444 BRICKELL AVE
3.4 CITY - ST - ZIP	MIAMI FL 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 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: *Franklin A. McGee* **F. A. MCGEE** 4/18/95 305-377-3343
 Signature and typed or printed name of signing officer or director Date Daytime (Area #)