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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L92954** **(1)**

1. Corporation Name

RITEWAY REAL ESTATE OF FLORIDA, INC.

Principal Place of Business: %ALAN JACOBSON ~~1015 KANE CONCOURSE~~ ~~BAY HARBOR ISLAND FL 33154~~ 3905 Alton Rd Miami Beach, FL 33140

Mailing Address: %ALAN JACOBSON ~~1015 KANE CONCOURSE~~ ~~BAY HARBOR ISLAND FL 33154~~

3. Date Incorporated or Qualified: 08/08/1990
3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-3031717 [ ] 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 [X] No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. **Name and Address of Current Registered Agent**

JACOBSON, ALAN
~~1015 KANE CONCOURSE~~ 3905 Alton Road
~~BAY HARBOR ISLAND FL~~ 33154 Miami Beach, FL 33140

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

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 ____

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	MILLER, CAROLYN	
STREET ADDRESS	23 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DS	[ ] DELETE
NAME	JACOBSON, ALAN	
STREET ADDRESS	3600 YACHT CLUB DR., SUITE 902	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and 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: ____ 4/2/96 305 535-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR