

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
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DOCUMENT # **L92954** (1)
1. Corporation Name
RITWAY REAL ESTATE OF FLORIDA, INC.

FILED
97 MAY -1 AM 11:05

SECRETARY OF STATE



MWB

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	
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	
3. Date Incorporated or Qualified 08/08/1990		3a. Date of Last Report 02/27/1995	
4. FEI Number 59-3031717		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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent JACOBSON, ALAN 3905 ALTON ROAD 1015 KANE CONCOURSE 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 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 registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP MILLER, CAROLYN 23 INDIAN CREEK ISLAND MIAMI BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		12 NAME			
STREET ADDRESS		13 STREET ADDRESS			
CITY-ST-ZIP		14 CITY-ST-ZIP			
TITLE	DS JACOBSON, ALAN 3600 YACHT CLUB DR., SUITE 902 MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		22 NAME			
STREET ADDRESS		23 STREET ADDRESS			
CITY-ST-ZIP		24 CITY-ST-ZIP			
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		34 CITY-ST-ZIP			
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY-ST-ZIP		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 receiver or trustee empowered to execute this report as required by Chapter 807, 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

Date: **4/2/96**

Daytime Phone: **305 535-4110**