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

1. Corporation Name

M40923

(8)

CT REALTY CORPORATION

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Principa' Place of Business Mailing Address									1 10010011 111 01011 20110 (0110 110		WII 81811	
4651 SHERIDAN ST., STE. 305 HOLLYWOOD FL 33021				4651 SHERIDAN ST., STE, 305 HOLLYWOOD FL 33021								
									3. Date Incorporated or Qualified 10/28/1986	3a, Date	of Last)3/31/	
2. Principal Place of Business 2 26				. Mailing Address					4. FEI Number Applied For 59-2738540 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				William Albanda - Rain de a Terrana anda	5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25 9. Name and Address of Current R			Zip Counti			ý 	**************************************	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and A	ddress of Curren	t Regist	tered Agent		81	7		10. Name and Address of New R	egistered /	Agent	
ENGEL, LESTER								Name Street Addres	s (P.O. Box Number is Not Acceptable)			• • • • • • • • • • • • • • • • • • •
4651 SHERIDAN STREET HOLLYWOOD FL 33021						83	-					
						84	-	City		FL	85	Zip Code
 Pursuant to or registere familiar with 	o the provisions of t ed agent, or both, in h, and accept the c	Sections 607.0502 In the State of Florid Obligations of, Section	and 607 la. Such on 607.0	7.1508, Florida Statu change was auth ori 0505, Florida Statute	tes, the zed by s.	above- the corp	nai	med corporal ation's board	tion submits this statement for the purp of directors. I hereby accept the appo	oose of cha intment as	nging it register	s registered office ed agent. I am
SIGNATURE	Signature, typed or printed	nanic of registered agenc a	and title fla	pplicable [N i	Oli Regi	stered Age	nt s	ignature required v	where reinstating."	DATE		
12.		OFFICERS AND		TORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS IN 12
TITLE	DP			DELETE		1. 1 TITLE] Chang	e 🔲 Addition
NAME	SCHWARTZ,					1.2 NAME						
STREET ADDRESS	4651 SHERII				1	1.3 STREET	T AL	DORESS	•			
CITY-ST-7P	HOLLYWOO	D FL				1.4 CITY - 9	ST-	ZIP				
TITLE	D	***		DELETE		2 1 TITLE] Chang	e 🔲 Addition
NAMé:	ENGEL, PEG					2 2 NAME						
STREET ADDRESS	4651 SHERII					23 STREET	T AC	DDRESS				
CITY-ST-ZIP	HOLLYWOO	U FL		Prof. S. In. State		2.4 CHY-5	ST-	ZIP				
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NAME						3 2 NAME			·			
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NAME						4.2 NAME						
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STREET ADDRESS						5.3 STRE€1						
CITY-ST-ZIP				Pro Nector		5.4 CITY - S	31-7	ZIP			7 05	. [] [2000]
TITLE				DELETE		6. 1 TITLE				L] Changi	e 🔲 Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREET	(A)	ODRESS I				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

754-7818157 Daythre Phone # JR2F034 (12/95)