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Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M62971
1. Corporation Name
E F HUTTON REALTY CORPORATION

60892.3 - 90003 - 20



Principal Place of Business Mailing Address
C/O HAMID R. ABBASSI
2000 S. DIXIE HWY., SUITE 100
MIAMI FL 33133-2441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

3. Date Incorporated or Qualified
11/25/1987
4. FEI Number
65-0276120 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
ABBASSI, HAMID R.
2000 S. DIXIE HWY.
SUITE 100
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name ABBASSI - ALI
82 Street Address (P.O. Box Number is Not Acceptable)
2000 S. Dixie Hwy #100
83 MIAMI FLA. 33133
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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 8/18/99

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ABBASSI, HAMID R.	
STREET ADDRESS	2000 S. DIXIE HWY #100	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBASSI, ALI	
STREET ADDRESS	2000 S. DIXIE HWY. #100	
CITY-ST-ZIP	MIAMI 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

1.1 TITLE	ABBASSI - ALI (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2000 S. Dixie Hwy #100	
1.3 STREET ADDRESS	MIAMI FLA. 33133	
1.4 CITY-ST-ZIP		
2.1 TITLE	ABBASSI - RAY (V.P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2000 S. Dixie Hwy #100	
2.3 STREET ADDRESS	MIAMI - FLA 33133	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8/1/99 (305) 447-1065 Daytime Phone #

CR2E034 (5/99)