


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name		M66571	
MIRSKY REALTY GROUP, INC.			
Principal Place of Business 700 U.S. HWY 1 SUITE A NORTH PALM BEACH, FL US		Mailing Address 700 U.S. HWY 1 SUITE A NORTH PALM BEACH, FL US	
21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25 2a. Mailing Address Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	29 3. Date Incorporated or Qualified 02/01/1988	30 3a. Date of Last Report 03/12/1996
21 4. FEI Number 59-2468890	26 Applied For Not Applicable	29 5. Certificate of Status Desired <input type="checkbox"/>	30 \$8.75 Additional Fee Required
23 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	27 \$5.00 May Be Added to Fees	28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MIRSKY, NORMA L. 700 U.S. HIGHWAY ONE, STE A NORTH PALM BEACH, FL 33408		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE: <i>[Signature]</i> Norma L. Mirsky (NOTE: Registered Agent signature required when reinstating)		DATE: 4-14-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 1.1 TITLE 12 1.2 NAME 13 1.3 STREET ADDRESS 14 1.4 CITY-ST-ZIP	11 2.1 TITLE 12 2.2 NAME 13 2.3 STREET ADDRESS 14 2.4 CITY-ST-ZIP	11 3.1 TITLE 12 3.2 NAME 13 3.3 STREET ADDRESS 14 3.4 CITY-ST-ZIP	11 4.1 TITLE 12 4.2 NAME 13 4.3 STREET ADDRESS 14 4.4 CITY-ST-ZIP
11 5.1 TITLE 12 5.2 NAME 13 5.3 STREET ADDRESS 14 5.4 CITY-ST-ZIP	11 6.1 TITLE 12 6.2 NAME 13 6.3 STREET ADDRESS 14 6.4 CITY-ST-ZIP	11 7.1 TITLE 12 7.2 NAME 13 7.3 STREET ADDRESS 14 7.4 CITY-ST-ZIP	
14. I do 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.		11 8.1 TITLE 12 8.2 NAME 13 8.3 STREET ADDRESS 14 8.4 CITY-ST-ZIP	
SIGNATURE: <i>[Signature]</i> NORMA L. MIRSKY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-14-97 561-845-0800 Date Daytime Phone #	

CR2E034 (9/96)