

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M77113 (2)
1. Corporation Name
PHM REALTY, INC.



Principal Place of Business
33 BLOOMFIELD HILLS PKW
STE 200
BLOOMFIELD HILLS MI 48304

Mailing Address
33 BLOOMFIELD HILLS PKW
STE 200
BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/19/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2884802	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CROFT, JEFFREY A	1.2 NAME	LAWRENCE S. COMEGYS
STREET ADDRESS	511 BAY STREET, SUITE 305	1.3 STREET ADDRESS	1509 W. SWANN AVE., #240
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VS	2.1 TITLE	DVS
NAME	STOLLER, JOHN R	2.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	AS
NAME	FURLOW, MICHAEL J.	3.2 NAME	CALVIN R. BOYD
STREET ADDRESS	555 WINDERLEY PL SUITE 420	3.3 STREET ADDRESS	33 BLOOMFIELD HILLS PKWY, #200
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	D	4.1 TITLE	AS
NAME	O'BRIEN, MARK J	4.2 NAME	BRUCE E. ROBINSON
STREET ADDRESS	511 BAY ST SUITE 305	4.3 STREET ADDRESS	33 BLOOMFIELD HILLS PKWY, #200
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	D	5.1 TITLE	D/CFO/c
NAME	FREES, VINCENT J	5.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKY, STE.200	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	ZUKOFF, COLETTE R	6.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	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 _____ COLETTE R. ZUKOFF 6/28/98 (248) 644-7300

CR2E034 (10/97)