FILE	E NOW: FILING 1	FEE AFTER, N	1AY 1 JS,	\$225.00		
F COR ANNU	PROFIT PORATION JAL REPORT	4 _{Fic}	ORIDA DEPARTA Sandra B. M Secretary o	MENT OF STATE Mortham of State		
<u>-</u>	1996 MENT # P92	20000652	1000	REPORATIONS		
•	AM REALTY GROUP, I	INC.			I IDONOGE DIE DENG NEBEL DARIE DARIE	i Baiki Badil Band Bishi duna masi sani seoi
Principal Place of Business Mailing Address						
170 NW SPANISH RIVER BLVD. SLITE 6		170 NW S Suite 6				
BOCA RATON FL 33431 2. Principal Place of Business			BOCA RATON FL 33431		3. Date incorporated or Qualified 11/23/1992	3a. Date of Last Report 04/14/1995
2. Principal Pla	ace of Business	2a. Mailing A	Address	11833	4. FEI Number 65-0371543	Applied For
Suite, Apt. #	#, etc.		pt. #, etc.	1100		Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		28 B oc	tate Rat	on FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip _	7-1892 30	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25 9. Name and Address of			D N J W'	Florida Statutes Yes 10. Name and Address of New R	
	5, 1101110 1112 1121000 0.	ORITORI HOSIOTOTO NS	OIN .	81 Name	TU. Maille allu Audiless Ol Hew II	egistereo Agent
FORMAN	1, Kenneth e			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	ia\
	MILITARY TRAIL, APT. 60:	5		52 Street At	idress (M.O. Box number is not Acceptab	ole)
	ATON FL 33496	•		83		
				84 City		85 Zip Code
dd Din jont to		- 3500 L007 4500 F				
Or registers	o the provisions of Sections 60 ed agent, or both, in the State of h, and accept the obligations o	OFFIORICA SUCH CHARGE	was authorized b	ne above-named corp y the corporation's b	poration submits this statement for the pur oard of directors. I hereby accept the appe	pose of changing its registered office pintment as registered agent. I am
SIGNATURE						
	Signature, typed or printed name of register		(NOTE: Fit	ogistered Agent a gnature req		DATE
12.	DSTD	RS AND DIRECTORS	DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFF	
NAME	FORMAN, KENNETH E	L,	Decere	1.2 NAME		Change Addition
STHEET ADDRESS	6503 N. MILITARY TRAI	11 #605		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	ic, 2000		1.4 DITY-ST-ZIP		
THILE			DELETE	2. 1 TITLE		Change Addition
NAME			ļ	2 2 NAME		· ·
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2 4 CITY-ST-ZIP		
TITLE			DELETE	3. 1 TIFLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
NAME		ب		4.2 NAME		C change C Acquion
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP				4.4 CITY-ST-ZIP		
TITLE			DELETE	5 1 TITLE		Change Addition
NAME				5.2 NAME		_
STREET ADDRESS				53 STREET ADDRESS		
CITY - ST - ZIP				54 CITY-ST-ZIP		
TITLE			DELETE	6 1 TITLE		Change Addition

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 purporation 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 chapters, or on an attachment with an address.

SIGNATURE:

**LENN 8+1 **

**LENN 8+2 **

**LENN 8+2 **

**LENN 8+3 **

**LENN

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2. 21

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Prop. Kennetl E. Ferman