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Apr 30 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 # P93000006193 (5)

1. Corporation Name  
FLORIDA CORPORATE REALTY GROUP, INC.



Principal Place of Business  
8250 NORTHWEST 27TH STREET  
SUITE 809  
MIAMI FL 33122

Mailing Address  
8250 NORTHWEST 27TH STREET  
SUITE 309  
MIAMI FL 33122-1904

3. Date Incorporated or Qualified 01/06/1993	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0390097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
STOIK, MICHAEL W  
~~8250 NORTHWEST 27TH STREET~~ 11333 S.W. 111 Street  
~~SUITE 809~~ Miami, Florida 33176  
~~MIAMI FL 33122~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D THOMAS, PHILLIP A
STREET ADDRESS	<del>8250 N.W. 27TH ST., SUITE 309</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	D STOIK, MICHAEL W
STREET ADDRESS	<del>8250 N.W. 27TH ST., SUITE 309</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	D O'HARE, G P
STREET ADDRESS	<del>8250 N.W. 27TH ST., SUITE 309</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	D KRENZ, GINGER YOUNG
STREET ADDRESS	<del>8250 N.W. 27TH ST., SUITE 309</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	D O'HARE, CECILIA MARCET
STREET ADDRESS	<del>8250 N.W. 27 STREET #309</del>
CITY-ST-ZIP	<del>MIAMI FL</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1255 Alegriano Avenue
1.4 CITY-ST-ZIP	Coral Gables, FL 33146
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11333 S.W. 111 Street
2.4 CITY-ST-ZIP	Miami, FL 33176
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2518 Jardin
3.4 CITY-ST-ZIP	Weston, Florida 33327
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	12400 S.W. 191 Street
4.4 CITY-ST-ZIP	Miami, Florida 33177-3838
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2518 Jardin
5.4 CITY-ST-ZIP	Weston, Florida 33327
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)