


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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 93 0000 25489**
1. Corporation Name

REALNOR HALLANDALE, INC.

Principal Place of Business 700 Brickell Avenue Miami, Florida 33131	Mailing Address 50 South LaSalle Street c/o Peggy Walsh, M-9 Chicago, Illinois 60675
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 4/6/93	3a. Date of Last Report
4. FEI Number 65-0401730	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Valerie A. Stott
700 Brickell Avenue
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

I, 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 Valerie A. Stott
Signature typed or printed name of registered agent and title if applicable

VALERIE A. STOTT
(NOTE: Registered Agent signature required when reinstating)

5/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> DELETE
NAME	William L. Morrison	
STREET ADDRESS	700 Brickell Avenue	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	D, V	<input type="checkbox"/> DELETE
NAME	Stephen A. Lynch III	
STREET ADDRESS	700 Brickell Avenue	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	D, V	<input type="checkbox"/> DELETE
NAME	Carlos Noble	
STREET ADDRESS	700 Brickell Avenue	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	T	<input type="checkbox"/> DELETE
NAME	H. James Sigsbee	
STREET ADDRESS	700 Brickell Avenue	
CITY-ST-ZIP	Miami, Florida 33131	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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: H. James Sigsbee

4/18/97 (305) 789-1507

CR2E034 (9/96)