SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE I ON OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTER	AUGUST 7,	1996. 875: \$375.)		
COF	PROFIT FLORIDA DEPARI CORPORATION Sandra B.		TMENT OF STATE  Mortham  y of State			
DOCUMENT # P93000057956 (3)					-	
IN SIT	TE REALTY, INC.	- (-)			( 18 6/45 + 100 ( 18 60 ) 10 ( 18 60 ) 10 ( 18 60 )	Bâlli Shiếi Silli (Bhia (Bha) Allis alls (Ba)
Principal Place of Business Mailing Address						
2052 MAPLEWOOD DR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						
					3. Date Incorporated or Qualified 08/12/1993	3a. Date of Last Report 03/07/1995
2. Principal Place of Business 2a. Mailing Address 2b					4. FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc					65-0433743	Not Applicable  \$8.75 Additional
22         27           City & State         City & State			<del></del>	<del></del>	5. Certificate of Status Desired	Fee Required
23	28				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Country Zip Country  25 29 30			8. This corporation has liability for	
	9. Name and Address of Current	Registered Agent			Florida Statutes  10. Name and Address of New R	Yes No egistered Agent
LANDMAN, WILLIAM						
2052 MAPLEWOOD DR CORAL SPRINGS FL 33071			62	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)
CONAL SENINGS PL 3307 I						
			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 jurthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and provide the other control of the purpose of the appointment as registered agent.						
agent. Fair familiar fair, and accept the obligations or, section by outsigned a smalles.						
	Signature, typed or printed name of registered agent		Fiegulace Age	<del>l agraty</del> e requie	d when renstating)	DATE
12.	OFFICERS AND DIRECTORS  DELETE  113.		13.		ADDITIONS/CHANGES TO OFFIC	
NAME	1.4146.1414. 1184.4414.		1.2 NAME			Change Addition
STREET ADDRESS	2052 MAPLEWOOD DR		13 STREET	ADDRESS		
CITY-ST-ZIP TITLE	05, 575		14 CITY - ST 21 THILE	I - ZIP		
NAME	· · · · · · · · · · · · · · · · · · ·		2 2 NAME			Change [_] Addition C
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2 4 CITY - ST - ZIP 3 1 TITLE			Chacas Addition
NAME			3 2 NAME	Charge Addition		
STREET ADDRESS				3 3 STRFE1 ADDRESS		
CITY-ST-ZIP TITLE	DELETE		3.4 CITY-S 4.1 TITLE	T - ZIP		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET			
City-St-ZiP Title	05.050		4.4 C/TY - ST 5.1 TH LE	- ZiP		Change Addition
NAME	521		5 2 NAME			
STREET ADDRESS			53STREET			
CITY-ST-ZIP TITLE	DELETE 61711			· ZIF		Change Addition
^ /		6 2 NAME				
STREET ADDRESS CITY-ST-ZIP	$A \setminus A$		6.3 STREET A	!		
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). Further certify that the information indicated on this enough report is true and accurate and that my clonet we shall be a the						19.07(3)(k), Florida Statutes 1
made under oath, that I am an officer of dector of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						