FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068851 (3)**

1. Corporation Name
EXECUTIVE REALTY GROUP, INC.

Principal Place of Business	Mailing Address
7522 WILES RD SUITE 203 CORAL SPRINGS FL 33067	7522 WILES RD SUITE 203 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1993
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 3300 University Dr.	26 3300 University Dr.
Suite, Apt. #, etc. 22 Suite 001	Suite, Apt. #, etc. 27 Suite 001
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
ZIP 24 33065 County 25 Broward	ZIP 29 33065 County 30 Broward

4. FEI Number: 65-0439956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALAN J. POLIN, P.A. 1999 UNIVERSITY DR SUITE 202 CORAL SPRINGS FL 33071	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FALCONE, ARTHUR	12 NAME	
STREET ADDRESS	1940 HARTFORD WAY	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FALCONE, EDWARD W	22 NAME	
STREET ADDRESS	2565 S OCEAN BLVD	23 STREET ADDRESS	
CITY ST ZIP	HIGHLAND BEACH FL 33487	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ANDREACCI, DANIEL J	32 NAME	
STREET ADDRESS	8649 NW 43RD CT	33 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33065	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CUCCI, PHILIP	42 NAME	
STREET ADDRESS	5508 NW 68TH WAY	43 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33065	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on this 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 above or on an attachment with an address.

SIGNATURE: PHILIP CUCCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011095B0 CP