

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000016074 (4)**

1. Corporation Name

NEW ENGLAND ESTATE BUYERS, INC.



Principal Place of Business 5310 NW 33RD AVENUE STE. 100 FORT LAUDERDALE FL 33309	Mailing Address 2749 E ATLANTIC BLVD POMPAÑO BEACH FL 33062-4941
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2. Principal Place of Business 21 2749 E. Atlantic Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 2749 E. Atlantic Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/01/1994	3a. Date of Last Report 04/30/1996
22 City & State 23 Pompano Beach, FL		27 City & State 28 Pompano Beach, FL		4. FEI Number 65-0472499	Applied For Not Applicable
24 Zip 33062		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33062		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SERCHAY, ALLAN 5310 NW 33RD AVENUE STE. 100 FORT LAUDERDALE FL 33309				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERCHAY, ALLAN	1.2 NAME	
STREET ADDRESS	5310 NW 33RD AVENUE STE. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICATTI, ANTONIO	2.2 NAME	
STREET ADDRESS	81 IVY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, ADAM L	3.2 NAME	Vice-President
STREET ADDRESS	2749 E ATLANTIC BLVD	3.3 STREET ADDRESS	Margolis, Anne R.
CITY-ST-ZIP	POMPAÑO BCH FL	3.4 CITY-ST-ZIP	1370 S. Ocean Blvd. Apt.#407
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Pompano Beach, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOER, BRETT	4.2 NAME	
STREET ADDRESS	22228 D BOCA RANCHO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, TRACEY	5.2 NAME	
STREET ADDRESS	4017 CARAMBOLA CIR N	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Anne Margolis **Anne Margolis** April 14, 1997 954-785-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)