FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000023023 (2)**

1. Corporation Name

REALTY HOLDINGS, INC.

Principal Place of Business

5601 COLLINS AVE.
SUITE M-100
MIAMI BEACH FL 33140

Mailing Address

555 NE 15 ST #100
MIAMI BEACH FL 33132
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **03/24/1994**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0478247** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

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

8. Does Corporation owe any taxes under s. 199.032 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

RITTER, JOHN A
555 NE 15 ST
SUITE 100
MIAMI FL 33132

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

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation accepts the appointment as registered agent. Each agent hereby accepts the appointment as registered agent and agrees to act in this capacity. I am familiar with and accept the obligations of my position as registered agent. Florida Statutes.

SIGNATURE: John Ritter

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	RITTER, JOHN	
STREET ADDRESS	555 NE 15 ST SUITE 100	
CITY, ST, ZIP	MIAMI FL	
TITLE	DVT	[ ] DELETE
NAME	HARTNETT, ROBERT	
STREET ADDRESS	555 NE 15 ST #100	
CITY, ST, ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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NAME		
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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***1035.00

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 or in the attached schedule as an officer or director of the corporation.

SIGNATURE: John Ritter 3/26/96 305-372-0572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Ritter Pres.