

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 30 1997 8:00am
Secretary of State

DOCUMENT # P94000025895 (1)

1. Corporation Name
SUNREIT REALTY SERVICES CO.

Principal Place of Business
6227 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

Mailing Address
6227 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308-1903



3. Date Incorporated or Qualified 04/05/1994	3a. Date of Last Report 09/05/1996
4. FEI Number 65-0478977	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 999 Eller Drive Suite, Apt. #, etc. 22 Suite A-8 City & State 23 Ft. Lauderdale, FL Zip 24 33316	2a. Mailing Address 25 P. O. Box 13111 Suite, Apt. #, etc. 27 Port Everglades Sta. City & State 28 Ft. Lauderdale, FL Zip 29 33316	Country 25 Broward	Country 30 Broward
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9. Name and Address of Current Registered Agent

GOLDBERG, ALAN J.
6227 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
P. O. Box 13111 Port Everglades Station
83 999 Eller Dr., Suite A-8
84 City
Ft. Lauderdale FL 85 Zip Code
33316

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-nating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	999 ELLER DR. #A-8
NAME	GOLDBERG, ALAN J.	1.2 NAME	P. O. Box 13111 Port Everglades
STREET ADDRESS	6227 N. FEDERAL HIGHWAY	1.3 STREET ADDRESS	Sta., Ft. Lauderdale, FL 33316
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	1.4 CITY - ST - ZIP	999 ELLER DR. #A-8
TITLE	VSD	2.1 TITLE	P. O. Box 13111 Port Everglades
NAME	GOLDBERG, REBECCA L	2.2 NAME	Ft. Lauderdale, FL 33316
STREET ADDRESS	6227 N. FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alan J. Goldberg pres 4/30/97 954 760 9966

CR2E034 (9/96)