SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1996 DOCUMENT # P94000029956 (7) B.R. TAMPA REALTY, INC. Mailing Address Principal Place of Business 2030 S. OCEAN DR. 2030 S. OCEAN DR. APT. 820 APT. 820 3a, Date of Last Report HALLANDALE FL 33009 3. Date incorporated or Qualified HALLANDALE FL 33009 02/22/1995 04/20/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0483238 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes X No Country Zip Country Ζıp 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PIOTRKOWSKI, JOEL S Street Address (P.O. Box Number is Not Acceptable) 627 71ST ST. MIAMI BEACH FL 33141 83 Zip Code 85 84 City 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. DAIL SIGNATURE (NOTE, Registered Agen) signature required whee renisteding) Signature, typed or posted can a of pay stored agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 Title TITLE CR2E034 1.2 NAME REITER, ISAAC NAME 2030 S. OCEAN DR., APT. 820 13 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 1 4 CITY - ST - ZIP Change ____ Addition CITY - ST - ZIP DELETE 2.1 TUTUE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TrILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 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)(k). 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 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 og any attachment with an address.

6 1 TITLE

6 2 NAME

63 STREET ADDRESS

6.4 City - \$1-7P

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF

DELETE

Change Addition