FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$5\$.00 Apr 21 1997 8:00am **PROFIT** FLORIDA DEPARTME OF STATE **CORPORATION** Sandra B. Mo Secretary of State **ANNUAL REPORT** Secretary of 1997 DIVISION OF CORP ATIONS DOCUMENT # P94000043172 (3) AVRON REALTY, INC. Principal Place of Business Mailing Address 2263 NW 2ND AVE 2263 NW 2ND AVE SUITE 201 SUITE 201 **BOCA RATON FL 33433** BOCA RATON FL 33431-7401 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0498286 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zip Cuntry This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AHARONOVIC, PHYLLIS 81 Name 2263 NW 2ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 Zip Code City 84 85 iovo-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered lites. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 5 SIGNATURE Signature, typod or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRES TITLE DELETE Change AHARONOVIC, PHYLLIS 2263 NW 2ND AVENUE SUITE 201 STREET ADDRESS EET ADDRESS **BOCA RATON FL** CITY-ST-ZIP <u>Y</u>-\$T-ZIP TITLE DELETE Change Addition AHARONOVIC, CAROL 2263 NW 2ND AVE SUITE 201 STREET ADDRESS REET ADDRESS **BOCA RATON FL** CITY-ST-ZIP ITY-ST-ZIP DELETE Change Addition 11.6 NAME AME STREET ADDRESS TREET ADDRESS CITY-\$1-2IP CITY-ST-ZIP TITLE DELETE Addition 4. TITLE Change KNAME 4. NAME STREET ADDRESS 4.3STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE STITLE Change Addition 5 2 NAME STREET ADDRESS 5.3STREET ADDRESS CITY-ST-ZIP 5.4CITY-ST-ZIP TITLE DELETE 6 ITITLE Change Addition

SIGNATURE:

NAME

STREET ADDRESS

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President

6.2 NAME

6.3STREET ADDRESS

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 in chapged on the natachment with an address. 561-395-9896 4110197