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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000045324 (8)

1. Corporation Name
REALTY ALTERNATIVES, INC.



Principal Place of Business		Mailing Address	
6314 CORPORATE CT FT. MYERS FL 33909 US		6314 CORPORATE CT C FT MYERS FL 33909 US	

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21 8192 COLLEGE PKWY STE 34	25 8192 COLLEGE PKWY STE 34	06/13/1994	06/25/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		65-0497834	Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 FT MYERS FL	28 FT MYERS FL	<input type="checkbox"/>	
24 Zip	29 Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33909	29 33909	Trust Fund Contribution	<input type="checkbox"/>
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 LEE	30 LEE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUBESTEIN, ANNA M 6314 CORPORATE COURT FT. MYERS FL 33909		81 Name RUBENSTEIN, ANNA M	
		82 Street Address (P.O. Box Number is Not Acceptable) 8192 COLLEGE PKWY, STE # 34	
		83	
		84 City FT MYERS	
		85 Zip Code FL 33909	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ address.

SIGNATURE: *[Signature]* 4/14/97 991-481-9121

CR2E034 (9/96)