## 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

## DOCUMENT # P9400060397 (4)

## FILED Apr 14 1997 8:00am Secretary of State

AMERICAN REALTY TEAM, INC.  Principal Place of Business Mailing Address 211 COMMONDORE DRIVE 211 COMMONDORE DRIVE JUPITER FL 33477-4006										
					7	Date Incorporated or Qualifie		te of Last R	eport	
2 Principal I	lace of Business	2a. Mailing Address				08/11/1994 I. FEI Number	U4/	10/1996	-1: C	
21]	tage or pasiness	26	1		1	59-3262226		} <del></del>	plied For t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc	<del></del>					\$8.75		
22		27			[ '	5. Certificate of Status Desired		Fee Re		
City & Star	C	City & State	·····			. Election Campaign Financing	······································	\$5.00	May Be	
23		28				Trust Fund Contribution		Added		
Zip 1	Country	Zip	Cou	intry	Į į	<ol> <li>This corporation has liability t</li> </ol>			. 199.032,	
24	[25]	29	30			Fiorida Statutes  D. Name and Address of New	Yes [			
	9. Name and Address of Curre	ent Hegistered Agent		81 Nam		U. Mame and Address of New	redittered t	Agent		
	HTE, JOHN II						/			
	15 Palm Beach Lakes BLVD TTE 1200		į	<b>B2</b> Stree	al Address	(P.O. Box Number is Not Accep	table)			
	ST PALM BEACH FL 33401			83						
***	ST FALM BEACTIFE 33401						, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
				84 City			FL	85 Zip	Code	
11. Pursuant office or agent 1:	to the provisions of Sections 607.05 registered agent, or both, in the Stalam familiar with, and accept the obli	502 and 607.1508, Florida \$ te of Florida Such change inations of Section 607.050	Statutes, the all was authorized 35. Florida Stat	bove-name d by the co utes.	ed corporal orporation's	tion submits this statement for the board of directors. I hereby ac	cept the app	ointment as	registered	
ageni La SIGNATURE	Signature, typicd or printed name of registered a	igations of, Section 607,050	(NOTE: Registered	utes.		ven reinslating)	DATE			
ageni i a SIGNATURE 12.	Signature, typed or printed name of registered a  OFFICERS A	gations of, Section 607,050 igent and the #applicable ND DIRECTORS	(NOTE: Registered	utes. d Agent signat			DATE	DIRECTOR	S IN 12	
agent ta SIGNATURE 12.	Stipulation, typical or printed name of registered a  OFFICERS A	igations of, Section 607,050	(NOTE: Registered  13. E 1.1 Tr	utes. d Agent signat TLE		ven reinslating)	DATE			
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4. 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

561-745-0481

Daytime Phone #