

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000061530
1. Corporation Name

AMERA-FACS REALTY, INC.

Principal Place of Business: 3600 S. STATE ROAD #7 SUITE #17 MIRAMAR, FLA 33023
Mailing Address: 3600 S. STATE ROAD #7 SUITE #17 MIRAMAR, FLA 33023

2. Principal Place of Business: 21 3600 S. STATE RD #7, 22 #17, 23 MIRAMAR, FLA., 24 33023
2a. Mailing Address: 26 3600 S. STATE RD #7, 27 #17, 28 MIRAMAR, FLA., 29 33023, 30 BROWARD

3. Date Incorporated or Qualified: 8/22/94
3a. Date of Last Report: 9/26/95
4. FEI Number: 65-0516334
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: ALLEN W. HANNA, 20625 N.W. 23RD AVE., MIAMI, FLA. 33056
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT	NAME: ALLEN W. HANNA	11 TITLE:	12 NAME:
STREET ADDRESS: 3600 S. STATE ROAD #7 SUITE #17	CITY-ST-ZIP: MIRAMAR, FLA. 33023	13 STREET ADDRESS:	14 CITY-ST-ZIP:
TITLE:	NAME:	21 TITLE:	22 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	23 STREET ADDRESS:	24 CITY-ST-ZIP:
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TITLE:	NAME:	61 TITLE:	62 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	64 CITY-ST-ZIP:

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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 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: ALLEN W. HANNA, 4/27/96, (305) 620-9201

CR2E034 (12/95)