FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNÚAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000067478	(5)

FINE REALTY, INC.

Principal Place of Business	Mailing A

2320 WHISPERING OAKS LANE DELRAY BEACH FL 33445

Mailing Address

2320 WHISPERING OAKS LANE DELRAY BEACH FL 33445-7181

FILED May 05 1997 8:00am Secretary of State

1



				Date Incorporated or Qualified 09/09/1994	e of Last Report 0/1996					
2. Principal Fi	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		***************************************	4. FEI Number		Ar	plied For	
21		26				65-0524425		No	ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			····	6. Election Campaign Financing \$5.00 May B						
23		28		intry		Trust Fund Contribution	<u> </u>	Added		
Zip	Country	Zip	F	лцу		8. This corporation has liability for i	ntangible t Yes		. 199.032,	
24	9 Name and Address of Curr	29 ent Begistered Apent	30	r		Florida Statutes 10. Name and Address of New Re				
		ant magistared Agent		81	Name	10, status and Adoloss of New Ne	Jistoled A	Adult		
	, CLIFFORD T			"	1101116					
	WHISPERING OAKS LANE			\$2 Street Address (P.O. Box Number is Not Acceptable)						
DEL	RAY BEACH FL 33445									
				83						
				84	City		FL	85 Zip	Code	
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli- Signatur, typed or profest can e of registered in	te of Florida. Such change wing ations of, Section 607.0505	vas authorize 5, Florida Stat	o by lutes	the corpora s.	poration submits this statement for the p tion's board of directors. I hereby acception	urpose of t the appo	changing It sintment as	s registered registered	
		AND DIRECTORS		a Age	int signature requ			DIRECTOR	20 141 40	
12.		DELETE	13.		T	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
\ \		LJ DELETE	,		1		,	thange	C Noowou	
NAME	FINE, CLIFFORD T		1.2 N/							
STREET ADDRESS	2320 WHISPERING OAKS L	NE .	1.3 \$1	TEER	ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL 33445			~~	T-ZIP					
TITLE	D	☐ DELETE	211	TLE				Change	Addition	
NAME)	ZABIK, VINCENT		2.2 N/	ANE	1					
STREET ADDRESS	2320 WHISPERING OAKS L	NE .	2.3 ST	REET	ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL 33445			ITY - S	ST- Z IP					
TITLE		☐ DELETE	3.† TI	TLF				Change	Addition	
NAME			3.2 N	AME	.]				,	
STREET ADDRESS			3.3 S1	TREET	ADDRESS					
CITY - ST - ZIP			3.4. C	ITY-S	ST-ZIP					
TITLE		DELETE						Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			1		ADDRESS				,	
CITY-ST-ZIP			1		T-ZIP					
TITLE		☐ DELETE		~~	1-411			Change	Addition	
Į		L. Pettite	5.7 H		1			0.20190		
NAME					+Dobtoo					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		T NEVERT	5.4 ()		T-ZIP			Channe	Addition.	
TITLE		DELETE			1		i	Change	Addition	
NAMÉ			62 N	AME						
STREET ADDRESS			6.3 \$1	TAEE1	ADDRESS					
CITY-SI-ZIF			6.4 CI	ITY-5	F-21P					
14. I do hereb	by certify that the information suppl	ied with this filing does not o	qualify for the	exe	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	

Immediate in modeling provins annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of Lam 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 pr Block 13 if chapter 607, in on an attachment with an address.

SIGNATURE:

0326032