

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077426 (2)

1. Corporation Name

REAL ESTATE REFERRAL SYSTEMS, INC.



Principal Place of Business: **6278 N. FEDERAL HWY., SUITE 244 FORT LAUDERDALE FL 33308**
Mailing Address: **6278 N. FEDERAL HWY., SUITE 244 FORT LAUDERDALE FL 33308**

2. Principal Place of Business
21 []
22 []
23 []
24 []
25 []
2a. Mailing Address
26 []
27 []
28 []
29 []
30 []

3. Date Incorporated or Qualified: **10/20/1994**
3a. Date of Last Report: **10/25/1995**
4. FET Number: **59-1565396**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CHEROF, JAMES A
3099 E. COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 of Registered Agent (Required)

Signature of Agent (Required)

DATE

12. OFFICERS AND DIRECTORS
D
LATZ, GORDON
C/O 6278 N. FEDERAL HWY., SUITE 244
FORT LAUDERDALE FL 33308
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE [] Change [] Addition
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. TITLE [] Change [] Addition
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. TITLE [] Change [] Addition
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. TITLE [] Change [] Addition
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. TITLE [] Change [] Addition
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

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 registered agent 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, or on an attachment, with an address.

SIGNATURE: *[Signature]*
TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (954) 491-3100

CR2E034 (12/95)