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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000047011 (8)

FI & S REALTY ASSOCIATES, INC.				T JARKUARU HIT JAJAH RUMU RAMU RAMU	
Principal Place of Business 19626 BACK NINE DR. BOCA RATON FL 33498		Mailing Address 19626 BACK NINE DR. BOCA RATON FL 33498			
				3. Date incorporated or Qualified 06/16/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	26		65-0600717	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	T 11 12	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
343 ALM	W FIRM OF LAWRENCE J SPIE IERIA AVENUE GABLES FL 33134	gel Chrtd	B3	ress (P.O. Box Number is Not Acceptab	
			84 City		FI 85 Zip Code
familiär wit SIGNATURE	n, and accepture obligations of Sec ————————————————————————————————————	tion (2.059) Florida Statutes	U,7	ation submits this statement for the purp of directors, it hereby accept the appo	pose of changing its registered office introduction as registered agent. I am
12.	Signature typed or pented have stury for disper-	rative dage and Mode ND DIRECTORS	Begistered Agent signation requires		DATE
TILE	PTD	DELETE	13.	ADDITIONS/CHANGES TO OFFI	
NAME	KITCHNER, REBHA P		1.2 NAME		Change Addition
STREET ADDRESS	19626 BACK NINE DR.		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33498		14 C TY - S1 - 7IP		
TIFLE	VSD	DELETE	2 1 101.6		Change Addition
NAME	KITCHNER, STANLEY		2.2 NAME		
STREET ADDRESS	19626 BACK NINE DR.		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33498		2.4.CITY - ST - ZIP		
TITLE		□ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP TITLE			3.4.00Y - ST - ZIO		
NAME .		☐ DELETE	4 1 TILE		Change 🔲 Addition
STREET ADDRESS			4 2 NAME		
CiTY-ST-ZiP			4.3 STREET ACORESS		
TITLE		DELETE	4.4 C(TV - ST - 21P) 5.1 TITLE		
NAME		orrere			Change 🗀 Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/IY - SI - ZIP		
TITLE		DELETE	6 1 TILE		☐ Change ☐ Addition
NAME			€ 2 NAME		☐ Auende ☐ Vegilióu
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 is voluntarily furnish	and and done not avoid to	r the exemption stated in Section 119.0	7(3)(k). Florida Statutes further
				if the exemption stated in Section 119.0 e and that my signature shall have the streport as required by Chapter 607, Flor	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENOR DIRECTOR

4/28/96 4/07-4/9 2206