

**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

**FILED**  
**May 02, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **P95000061620 (7)**

1. Corporation Name  
**F & P REALTY ADVISORS, INC.**



Principal Place of Business: ~~3202 N.E. 2ND AVENUE MIAMI FL 33137~~  
Mailing Address: ~~3202 N.E. 2ND AVENUE MIAMI FL 33137~~

2. Principal Place of Business: 21 **P.O. Box 630394**  
Suite, Apt. #, etc.  
22  
City & State: 23 **Miami, Florida**  
Zip: 24 **33163** Country: 25 **U.S.A.**  
26 **P.O. Box 630394**  
Suite, Apt. #, etc.  
27  
City & State: 28 **Miami, Florida**  
Zip: 29 **33163** Country: 30 **U.S.A.**

3. Date Incorporated or Qualified: **08/09/1995**  
3a. Date of Last Report  
4. FEI Number  Applied For  Not Applicable  
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  
~~B & C CORPORATE SERVICES, INC.  
MIAMI CENTER  
201 SOUTH DISCAYNE BLVD., SUITE 3000  
MIAMI FL 33131~~

10. Name and Address of New Registered Agent  
81 Name: **LAYNE, Fredric B.**  
82 Street Address (P.O. Box Number is Not Acceptable): **2560 N.E. 20th Terr.**  
83  
84 City: **Miami** FL 85 Zip Code: **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. I, the undersigned, 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: *Fredric B. Layne* DATE: **April 24, 1996**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LAYNE, FREDRIC B</b>	
STREET ADDRESS	<del>3202 N.E. 2ND AVENUE</del>	
CITY - ST - ZIP	<del>MIAMI FL 33137</del>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LAYNE, PHILIP</b>	
STREET ADDRESS	<del>3202 N.E. 2ND AVENUE</del>	
CITY - ST - ZIP	<del>MIAMI FL 33137</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS	<b>P.O. Box 630394</b>	
1.4 CITY - ST - ZIP	<b>Miami, Florida 33163</b>	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS	<b>P.O. Box 630394</b>	
2.4 CITY - ST - ZIP	<b>Miami, Florida 33163</b>	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS	<b>400001805184</b>	
5.4 CITY - ST - ZIP	<b>-05/02/96 - 01039 - 071</b>	
5.5 STREET ADDRESS	<b>***208.75</b>	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Fredric B. Layne* DATE: **April 24, 1996** 305-777-9496

CR2E034 (12/95)