
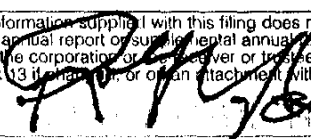


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000073117 (0) 1. Corporation Name GORDON FAMILY HOMES REALTY, INC.			
Principal Place of Business 800 N FEDERAL HWY, SUITE 380 BOCA RATON FL 33432		Mailing Address 800 N FEDERAL HWY, SUITE 380 BOCA RATON FL 33432-2754	
2. Principal Place of Business 21 101 S. CONGRESS AVE. Suite, Apt. #, etc. 22 City & State 23 DELRAY BEACH FL Zip 33445 Country 24 33445 25		2a. Mailing Address 26 101 S. CONGRESS AVE Suite, Apt. #, etc. 27 City & State 28 DELRAY BEACH, FL Zip 33445 Country 29 33445 30	
3. Date Incorporated or Qualified 09/20/1995		3a. Date of Last Report 04/08/1996	
4. FEI Number 65-0641175		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEVINE, JEFFREY A ESQ 800 N FEDERAL HWY, SUITE 380 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 TITLE PD NAME GORDON, ROBERT J STREET ADDRESS 6399 NW 40TH CT CITY-ST-ZIP BOCA RATON FL 33496 [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 a 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 applicable, or on an attachment with an address.			
SIGNATURE:  ROBERT GORDON PRES 4/30/97 561-272-2442 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)