FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000074936 (2)**

1. Corporation Name

NATIONAL INSTITUTE OF REAL ESTATE, INC.

Principal Place of Business	Mailing Address
3200 NORTH MILITARY TRAIL, SUITE 210 BOCA RATON FL 33431	3200 NORTH MILITARY TRAIL, SUITE 210 BOCA RATON FL 33431

3. Date Incorporated or Qualified: **09/28/1995**
3a. Date of Last Report:
4. FEI Number: **65-0610903** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

MORELLO, FRANCESCO
3200 NORTH MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Joseph L. Lents
82 Street Address (P.O. Box Number is Not Acceptable): 3200 N. Military Trail, Suite 210
83
84 City: Boca Raton **FL** 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 617.0503, 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 duties of, such position as provided for by Florida Statutes.

SIGNATURE: Joseph L. Lents, Director April 25, 1996
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING — TYPED OR PRINTED NAME OF NEW REGISTERED AGENT — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MORELLO, FRANCESCO	
STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	☐ DELETE
NAME	MURPHY, LORETTA A	
STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33431	
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 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3 TITLE	D	☐ Change ☒ Addition
32 NAME	LENTS, JOSEPH L.	
33 STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 210	
34 CITY-ST-ZIP	BOCA RATON, FL 33431	
4 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 the 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 changed, or on an attached sheet, with an address.

SIGNATURE: Loretta A. Murphy 04/25/96 (407) 997-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #