


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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000074936 (2)**

1. Corporation Name

NATIONAL INSTITUTE OF REAL ESTATE, INC.

Principal Place of Business

**3200 NORTH MILITARY TRAIL, SUITE 210
BOCA RATON FL 33431**

Mailing Address

**3200 NORTH MILITARY TRAIL, SUITE 210
BOCA RATON FL 33431-6310**

3. Date Incorporated or Qualified
09/28/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

SUITE 300

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

SUITE 300

City & State

28

Zip

Country

29

30

4. FEI Number

65-0610903

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**LENTS, JOSEPH
3200 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

FRANCESCO MORELLO

82 Street Address (P.O. Box Number is Not Acceptable)

NATIONAL INSTITUTE OF REAL ESTATE, INC.

83

3200 N. MILITARY TRAIL, SUITE 300

84 City


BOCA RATON

FL

85 Zip Code
33431

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, to 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, hand or printed name of registered agent and title if applicable

Francesco Morello

04/30/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORELLO, FRANCESCO	
STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, LORETTA A	
STREET ADDRESS	3200 NORTH MILITARY TRAIL, SUITE 210	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENTS, JOSEPH	
STREET ADDRESS	3200 NORTH MILITARY TRAIL SUITE 210	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 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 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 attachment with an address.

CR2E034 (9/96)