


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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90007 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 L	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000081118 (8)

1. Corporation Name

AMERICAN REALTY SYSTEMS, INC.

Principal Place of Business

757 SE 17TH STREET
PMB 714
FORT LAUDERDALE, FL 33316

Mailing Address

757 SE 17TH ST.
PMB 714
FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/17/1995	65-0622760	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29			

9. Name and Address of Current Registered Agent

~~MARK L. NOWAK~~ ~~2600 N. MILITARY TRAIL~~ ~~FOURTH FLOOR~~ ~~BOCA RATON, FL 33431~~
BLOCH, STUART
2600 N. MILITARY TRAIL
FOURTH FLOOR
BOCA RATON, FL 33431

10. Name and Address of New Registered Agent

81 Name MARK L. NOWAK
82 Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL
83 FOURTH FLOOR
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, 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

7/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURENDE, WADE	1.2 NAME	
STREET ADDRESS	1045 NE 12TH AVE #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUD, FL 33304	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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/with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99

Date

(954) 779-7252

Daytime Phone #

State of Florida



Department of State

587831-9007-9
P9500008118(8)

I certify the attached is a true and correct copy of the Articles of Amendment, filed on December 14, 1998, to Articles of Incorporation for ALANI GROUP, INC. which changed its name to AMERICAN REALTY SYSTEMS, INC. a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H98000023167. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P95000081118.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
fourteenth day of December, 1998.

Authentication Code: 398A00058850-121498-P95000081118-1/1

On 4/26/99 I mailed my Annual Report. I made an error and forgot to include payment of \$150.00. This m.o. was sent to ~~any~~ another creditor and returned to me. I am next day bringing the payment. Please apply once processed. As of 6/2/99, the rep told me that my Annual Report was not processed yet. Your dept is 4 weeks behind.

WADE LAFRENADE



CR2E022 (1995)

Thank
you

Sandra B. Northam

Sandra B. Northam
Secretary of State