

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

DOCUMENT # P95000096512 (5)

1. Corporation Name
AFA REAL ESTATE SERVICES, INC.



Principal Place of Business
**1001 SOUTH BAYSHORE DRIVE
SUITE 474-
MIAMI FL 33131**

Mailing Address
**1001 SOUTH BAYSHORE DRIVE
SUITE 474-
MIAMI FL 33131**

3. Date Incorporated or Qualified
12/21/1995

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 **SUITE 1808**
City & State
23
Zip
24 Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 **SUITE 1808**
City & State
28
Zip
29 Country
30

4. FEI Number
65-0631176

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOINE PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
GREGORY, GLENN H.

82 Street Address (P.O. Box Number is Not Acceptable)
1001 SOUTH BAYSHORE DRIVE

83
SUITE 1808

84 City
MIAMI FL 85 Zip Code
33131

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]* **GLENN H. GREGORY PRESIDENT** 4/25/96
Signature, typed or printed name of registered agent acceptable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

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	
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 checked="" type="checkbox"/> Addition
1.2 NAME	(PRESIDENT) P GLENN H. GREGORY
1.3 STREET ADDRESS	1001 SOUTH BAYSHORE DRIVE
1.4 CITY - ST - ZIP	MIAMI FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	(VP) V/D SHERRY FRANKEL
2.3 STREET ADDRESS	1001 SOUTH BAYSHORE DRIVE
2.4 CITY - ST - ZIP	MIAMI FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	(TREASURER) T/D FRANK J. LAZZARO
3.3 STREET ADDRESS	1001 SOUTH BAYSHORE DRIVE
3.4 CITY - ST - ZIP	MIAMI FL
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 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 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.

SIGNATURE: *[Signature]* **FRANK J. LAZZARO** 4/25/96 (305) 530-0600
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)