

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

FILED
Jun 10 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 # P96000031068 (5)

1. Corporation Name
REALTY ASSET PROPERTIES, INC.



Principal Place of Business 1700 PALM BEACH LAKES BLVD. STE 1100 WEST PALM BEACH FL 33401	Mailing Address 1700 PALM BEACH LAKES BLVD. STE 1100 WEST PALM BEACH FL 33401-2008
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0660192		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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 TREADWELL, KENNETH A 500 SOUTH AUSTRALIAN AVENUE 10TH FLOOR WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent			
				81 Name CT Corporation System			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd			
				83			
				84 City Plantation			
				85 Zip Code 33324			

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 Mary P. Adamo Asst. Secretary DATE 4/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when (re)stating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEITMEYER, RICHARD			1.2 NAME	John E. Ramsey		
STREET ADDRESS	1700 PALM BEACH LAKES BLVD. STE 1100			1.3 STREET ADDRESS	3414 Peachtree Rd, Ste 660		
CITY-ST-ZIP	WEST PALM BEACH FL 33401			1.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Donald E. Greetham		
STREET ADDRESS				2.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd #1100		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Gilbert Shelton		
STREET ADDRESS				3.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd, #1100		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	West Palm Beach, FL 33401		
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 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.

SIGNATURE: Mary P. Adamo Vice President DATE 4/20/97 561-689-9700

CR2E034 (9/96)