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Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070001 (8)**

1. Corporation Name  
**DIVERSIFIED REALTY HOLDINGS CO.**

Principal Place of Business  
**3220 N.E. 58TH STREET  
FORT LAUDERDALE FL 33308**

Mailing Address  
**3220 N.E. 58TH STREET  
FORT LAUDERDALE FL 33308-2826**



3. Date Incorporated or Qualified **08/22/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business 21 <b>999 Eller Dr., #A-8</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 13111</b> Port Everglades Station Suite, Apt. #, etc.	4. FEI Number <b>65-0738186</b>	Applied For Not Applicable
22 City & State <b>Ft. Lauderdale, FL</b>	27 City & State <b>Ft. Lauderdale, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33316</b>	28 Country <b>Broward</b>	6. Election Campaign Financing Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33316</b>	25 <b>Broward</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KOPELOWITZ, HARVEY ESQ.  
KOPELOWITZ, SAAVEDRA & PELOSI  
312 S.E. 17TH ST, 2ND FLOOR  
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name **Alan J. Goldberg, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable) **999 Eller Dr., Suite A-8**  
83   
84 City **Ft. Lauderdale** FL 85 Zip Code **33316**

11. Pursuant to the provisions of Sections 607.0502 and 607.1405, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>GOLDBERG, REBECCA LYNN</b>		1.2 NAME <b>P.O. Box 13111, 999 Eller Dr.,</b>	
STREET ADDRESS <b>3220 N.E. 58TH STREET</b>		1.3 STREET ADDRESS <b>#A-8, Ft. Lauderdale, FL 33316</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33308</b>		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>Alan J. Goldberg</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>3220 N. E. 58th St.</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>Ft. Lauderdale, FL 33308</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Donald F. Stewart</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>P.O. Box 13111, 999 Eller Dr.,</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>#A-8, Ft. Lauderdale, FL 33316</b>	
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: **Alan J. Goldberg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/97 954 260 9866**

CR2E034 (9/96)