

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # P96000090665 (6)

1. Corporation Name  
SIRS REALTY, INC.



Principal Place of Business  
1100 HOLLAND DRIVE  
BOCA RATON FL 33427

Mailing Address  
1100 HOLLAND DRIVE  
BOCA RATON FL 33487-2701

3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last Report
4. FEI Number 65-0710996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 33487 Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

MOORE, W. RODGERS  
4800 NORTH FEDERAL HIGHWAY  
SUITE 210-A  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 time if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V., ASST. S, ASST.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, W. RODGERS	1.2 NAME	MOORE, W. RODGERS
STREET ADDRESS	7623 SIERRA TERRACE	1.3 STREET ADDRESS	7623 SIERRA TERRACE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GOLDSTEIN, ELLIOT
STREET ADDRESS		2.3 STREET ADDRESS	1100 HOLLAND DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL. 33487
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V. S. T. D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	GOLDSTEIN, ELEANOR
STREET ADDRESS		3.3 STREET ADDRESS	1100 HOLLAND DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL. 33487
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: W. Rodgers Moore 4. 22.97 561-394-7944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

CR2E034 (9/96)