SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097327 (6)

FIRST REALTY NETWORK, INC.

FILED Sep 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				- I TODITADE EIR TOTTO DELLE DOLLI DOLLI BOLLE DOLLO TOLLI JORDO DILO ILALI ILALI			
150 S PINE ISLAND RD. SUITE 500 150 S PINE ISLAND RD. SUITE 500							
PLANTATION FL 33324 PLANTATION FL 333							
					3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last F	Zoport
					12/02/1996	Sa. Date of Last F	report
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	1 IA	pplied For
21 8751	Broward Boulevan	rd26 8751 Browa	rd Bo	oulevard	Applied for	 -	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	\$8.75	Additional
22 5th floor 27 5th floo					6. Cerificate of Status Desired	Fee R	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
	tation, FL	28 Plantation	FL.		Trust Fund Contribution	Added	to Fees
Zip	Country Zip Country			8. This corporation owes or has pa		·	
24 33324			30 US	SA	Personal Property Tax due June		_l No
FOL	9. Name and Address of Curren	i Registered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent	
	L CORP.		ľ	I Name			
	LAURA ST		8:	82 Street Address (P.O. Box Number is Not Acceptable)			
JAU	CKSONVILLE FL 32202		8:	2			
			6	"			
			8	4 City		FL 85 Zip	Code
44 Duramont	to the provisions of Castiana 607 050	2 and CO7 1E09 Florida Ctal. to	on the obs	Lie nemed enter	oration submits this statement for the p		to realistated
office or re	registered agent, or both, in the State	of Florida, Such change was a	uthorized t	ve-named corpo by the corporation	oration submits this statement for the points board of directors. I hereby accep	orpose of changing if of the appointment as	registered
agent. I a	im fam il iar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statuti	es.			
SIGNATURE	Signature, typed or printed name of registered age	ot and Ole & applicable (BOC)	: Popistared A	gent signature required	d when rejectations	DATE	
12.	OFFICERS AN		13.	gent signature required	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D	DELETE	1.1 TITLE	P	P/S/T	☐ Change	Addition
NAME	WERNER, SETH		1.2 NAME	l	, =, =	•	
STREET ADDRESS	150 S PINE ISLAND RD, SUIT	E 500	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY	ì			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME	: 1			
STREET ADDRESS	1		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	- ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			32 NAMI				
STREET ADDRESS			3.3 STAE	et address			
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-S1-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME			5.2 NAME	[
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CATY+ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		··	☐ Change	☐ Addition
NAME			6.2 NAME	: \			
STREET ADDRESS			6.3 STREE	e1 address			
CITY-ST-ZIP			6.4 CITY-				
14. I do hereb	by certify that the information supplied	t with this filing does not qualify	y for the ex	emption stated i	in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
I am an of	flicer or director of the control align	the receiver or trustee empower	ered to exe	cute this report	ny signature shall have the same lega as required by Chapter 607, Florida S	statutes; and that my r	name
appears in	in Block 12 or Block 13 ilyzh inged/ 🐠	op ayyattachment with an add	ress.				