
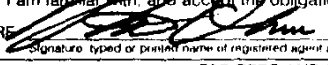



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000006800 (1)</b> 1. Corporation Name <b>1ST UNITED REALTY OF MARGATE, INC.</b>			
Principal Place of Business <b>10115 W. SAMPLE RD. CORAL SPRINGS FL 33065</b>		Mailing Address <b>10115 W. SAMPLE RD. CORAL SPRINGS FL 33065</b>	
2. Principal Place of Business 21 <b>2117 NW 19TH WAY</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2117 NW 19TH WAY</b> Suite, Apt. #, etc.	
22 City & State 23 <b>BOCA RATON, FL</b>		27 City & State 28 <b>BOCA RATON FL</b>	
24 Zip <b>33431</b> Country <b>USA</b>		29 Zip <b>33431</b> Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132</b>			
10. Name and Address of New Registered Agent 81 Name <b>NATHAN OHREN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2117 NW 19TH WAY</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33431</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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  <b>NATHAN OHREN, PRES</b> DATE <b>4/23/98</b> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, JOHN 10115 W. SAMPLE RD. CORAL SPRINGS FL 33065</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D, S, T. 7564 BLACK OLIVE WAY TAMARAC FL. 33321</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D, P NATHAN OHREN 2117 NW 19TH WAY BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I 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:  <b>NATHAN OHREN, PRES</b> DATE <b>4/23/98</b> (954) 974-7117 <small>(Signature typed or printed name of signing officer or director) Daytime Phone # 0155000</small>			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/23/1997</b>	
4. FEI Number <b>65-0779720</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)