


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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000018801 (5) 1. Corporation Name SOUTH FLORIDA REALTY GROUP, INC.					
Principal Place of Business P.O. BOX 10393 POMPAÑO BEACH FL 33060			Mailing Address P.O. BOX 10393 POMPAÑO BEACH FL 33060		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
9. Name and Address of Current Registered Agent THOMSON, MARK D ESQ. GREENSPOON, MARDER, HIRSCHFELD, RAFKIN 100 WEST CYPRESS CREEK RD., SUITE 700 FT. LAUDERDALE FL 33309			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		NAME		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D		LOWE, JAMES P		1.1 TITLE	
P.O. BOX 10393		P.O. BOX 10393		1.2 NAME	
POMPAÑO BEACH FL 33060		POMPAÑO BEACH FL 33060		1.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		1.4 CITY - ST - ZIP	
D		BLALOCK, SUE		2.1 TITLE	
P.O. BOX 10393		P.O. BOX 10393		2.2 NAME	
POMPAÑO BEACH FL 33060		POMPAÑO BEACH FL 33060		2.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		2.4 CITY - ST - ZIP	
D		BLALOCK, SUE		3.1 TITLE	
P.O. BOX 10393		P.O. BOX 10393		3.2 NAME	
POMPAÑO BEACH FL 33060		POMPAÑO BEACH FL 33060		3.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		3.4 CITY - ST - ZIP	
D		BLALOCK, SUE		4.1 TITLE	
P.O. BOX 10393		P.O. BOX 10393		4.2 NAME	
POMPAÑO BEACH FL 33060		POMPAÑO BEACH FL 33060		4.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		4.4 CITY - ST - ZIP	
D		BLALOCK, SUE		5.1 TITLE	
P.O. BOX 10393		P.O. BOX 10393		5.2 NAME	
POMPAÑO BEACH FL 33060		POMPAÑO BEACH FL 33060		5.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		5.4 CITY - ST - ZIP	
D		BLALOCK, SUE		6.1 TITLE	
P.O. BOX 10393		P.O. BOX 10393		6.2 NAME	
POMPAÑO BEACH FL 33060		POMPAÑO BEACH FL 33060		6.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		6.4 CITY - ST - ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1997	
4. FEI Number 65-0738321	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____

2-3-98

CR2E034 (10/97)