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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham -

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092716 (4)

ATTORNEYS REALTY GROUP, INC.

Principal Place of Business Mailing Address 333 SW SECOND STREET 333 SW SECOND STREET FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 The second second 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc 22 27 City & State City & State 23 28 Country 24 25 29

FILED Mar 19 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1997 4. FEI Number Applied For 65- 079634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BELLER, ERIC M 333 SW SECOND STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 83 84 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition BELLER, ERIC M 1.2 NAME NAME 333 SW SECOND STREET STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 City-St-ZiP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change I Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby certify that the information supplied with this Hingydoes 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 of supply mental angular 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 of 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 chapted, or an attact ment with an address.

6.4 CITY - ST - ZIP

SIGNATURE

CITY-ST-ZIP

ERIC BELLER