FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44542** **(6)**

1. Corporate Name
REAL PROPERTY MANAGEMENT INCORPORATED

Principal Place of Business: P. O. BOX 83, BOCA RATON FL 33429
Mailing Address: P. O. BOX 83, BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 PO BOX 222465	2a. Mailing Address: 26 PO BOX 222465
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FL	28 City & State: HOLLYWOOD, FL
24 Zip: 33022 25 Country: USA	29 Zip: 33022 30 Country: USA

3. Date Incorporated or Qualified: 04/09/1991
3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0252939 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

STIGALL, PHILIP R.
510 NW 11TH AVE
BOCA RATON FL 33486

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] Change [ ] Addition
NAME	STIGALL, PHILIP R.	
STREET ADDRESS	510 NW 11TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	[ ] Change [ ] Addition
NAME	STIGALL, HARRY B.	
STREET ADDRESS	510 NW 11TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/18/95 305 925 9960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0282669 CP