

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64231** (1)
1. Corporation Name
5995 REALTY CORP.



Principal Place of Business
**1720 NE 79 STREET CSWY
SUITE 111
NO. BAY VILLAGE FL 33141**

Mailing Address
**1720 NE 79 STREET CSWY
SUITE 111
NO. BAY VILLAGE FL 33141**

2. Principal Place of Business
21 Site, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. Box 2496
27 City, State
28 Miami, FL
29 Zip 33243
30 Country

3. Date Incorporated or Qualified **07/01/1991** 3a. Date of Last Report **01/31/1995**
4. FEI Number **65-0275598** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SOLOMON, NORMAN F.
1720 N.E. 79 STREET CAUSEWAY
SUITE 111
NORTH BAY VILLAGE FL 33141**

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 **FL**

11. Pursuant to the provisions of Sections 607.07 and 607.0806, 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 607.0806, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of Secretary or Assistant Secretary (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SOLOMON, NORMAN F.	
STREET ADDRESS	1720 NE 79 ST CAUSEWAY #111	
CITY-STATE-ZIP	NO. BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY-STATE-ZIP	
39. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME	
41. STREET ADDRESS	
42. CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this filing and on report or supplemental filing 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 a resident or shareholder on record to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a filing statement of my address.

SIGNATURE:

Norman F. Solomon
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 305-866-2490
DATE AND PHONE

CR2E034 (12/95)