

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V14140 (0)
1. Corporation Name
MYSTIC POINTE REALTY CORP.



Principal Place of Business: **3565 MYSTIC POINTE DRIVE N. MIAMI BEACH FL 33180 US**
Mailing Address: **88 SEVENTH AVE. SUITE 3400 NEW YORK NY 10106**

3. Date Incorporated or Qualified: **02/14/1992**
3a. Date of Last Report: **08/21/1995**
4. FEI Number: **65-0343227**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 888 Seventh Avenue**
Suite, Apt. #, etc.: **27 Suite 3400**
City & State: **28 New York, New York**
Zip: **29 10106-0199** Country: **30 New York**

9. Name and Address of Current Registered Agent
**NATIONAL CORPORATE RESEARCH, LTD
1406 HAYES STREET
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | MOLLOD, MICHAEL A |
| STREET ADDRESS | 888 SEVENTH AVE., SUITE 3400 |
| CITY - ST - ZIP | NEW YORK NY 10106 |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | GROSSI, NICHOLAS P |
| STREET ADDRESS | 3565 MYSTIC POINTE DRIVE |
| CITY - ST - ZIP | N. MIAMI BEACH FL 33180 |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | BORY, JUDITH |
| STREET ADDRESS | 888 SEVENTH AVE, SUITE 3400 |
| CITY - ST - ZIP | NEW YORK NY 10106 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | SINDALL, FAUSTINE |
| STREET ADDRESS | 3565 MYSTIC POINTE DRIVE |
| CITY - ST - ZIP | N. MIAMI BEACH FL 33180 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SINDALL, FAUSTINA |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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)(k), 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: Judith Bory **Judith Bory** **4/18/96** **212-333-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)