

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)