

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



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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1997

FILED

97 JUL 29 AM 11: 31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V14140

1. Corporation Name

MYSTIC POINTE REALTY CORP.

Principal Place of Business

Mailing Address

**3565 Mystic Pointe Drive
 N. Miami Beach, FL 33180
 US**

**888 Seventh Avenue
 Suite 3400
 New York, NY 10106**

3. Date Incorporated or Qualified **02/14/1992** 3a. Date of Last Report **05/01/1997**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3565 Mystic Pointe Drive		26 3565 Mystic Pointe Drive		65-0343227		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State Aventura, FL		City & State Aventura, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 N. Miami Beach , FL		28 N. Miami Beach , FL					
Zip 33180 Country USA		Zip 33180 Country USA					
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**National Corporate Research, Ltd.
 1406 Hayes Street
 Tallahassee, FL 32301**

81 Name	Michael A. Mollod
82 Street Address (P.O. Box Number is Not Acceptable)	Mystic Pointe Realty Corp.
83	3565 Mystic Pointe Drive
84 City	N. Miami Beach Aventura, FL
85 Zip Code	33180

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: *Michael A. Mollod* **Michael A. Mollod, President** DATE: **5/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mollod, Michael A.	1.2 NAME	Mollod, Michael A.
STREET ADDRESS	888 Seventh Ave., Suite 3400	1.3 STREET ADDRESS	Mystic Pointe Realty Corp.
CITY-ST-ZIP	New York, NY 10106	1.4 CITY-ST-ZIP	3565 Mystic Pointe Drive, Aventura, FL 33180
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grossi, Nicholas P	2.2 NAME	Whitney, Julie
STREET ADDRESS	3565 Mystic Pointe Drive	2.3 STREET ADDRESS	Mystic Pointe Realty Corp.
CITY-ST-ZIP	N. Miami Beach, FL 33180	2.4 CITY-ST-ZIP	3565 Mystic Pointe Drive, Aventura FL 33180
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bory, Judith	3.2 NAME	
STREET ADDRESS	888 Seventh Ave., Suite 3400	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10106	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sindall, Faustina	4.2 NAME	500002252725--8
STREET ADDRESS	3565 Mystic Pointe Drive	4.3 STREET ADDRESS	-07/30/97--01084--002
CITY-ST-ZIP	N. Miami Beach, FL 33180	4.4 CITY-ST-ZIP	*****35.00 *****35.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500002252725--8
STREET ADDRESS		5.3 STREET ADDRESS	-07/30/97--01084--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****26.25 *****26.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Michael A. Mollod* **Michael A. Mollod** DATE: **5/1/97** PHONE: **305-932-1350**

CR2E034 (9/96)