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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOC 1. Corpo

14. Lo he eby certify that the information supplied with the information indicated on this annual report or supplement am an officer or director of the corporation or the recent appears in Block 12 or Block 13 if changed, or on an at

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9)

FILED Mar 10 1997 8:00am Secretary of State

CUMENT #	V18775	

F.R.W.L. REALTY, INC.

			,,				-			
Principal Place	of Business	M ail	ing Address					#1#31 #1#17 #	1011 61611 5161	
LOEB, BLOCK & WAKSMAN			LOEB. BLOCK & WAKSMAN			· ·				
505 PARK AVE NEW YORK NY			PARK AVE SUITE B / York ny 10022-11							
INCH TOTAL IT	TOOLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 10th 101 100E-11	•			3. Date Incorporated or Qualified	Se Dos	le of Last R	anari
							03/03/1992		28/1996	өрик
2. Principal Pi	ace of Business	2a. N	Mailing Address				4. FEI Number	<u> </u>	Ar	polied For
21		26					65-0322298		No	t Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27					5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State)	<u> </u>	Dity & State				Election Campaign Financing	·	\$5.00	
23		28					Trust Fund Contribution		Added	lo Fees
Zιρ η	Country		z ib	Cou	intry		8. This corporation has liability for i			. 199.032,
24	25 9, Name and Address	29	rad Agant	30	,		Florida Statutes 10. Name and Address of New Re	Yes [
DI A	OM, LEONARD H.	o Current Registe	rea Agent		81	Name	10. Name and Address of New Re	Algresed w	gent	
	I BRICKELL AVE					Harris				
	E 1400				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		,
	MI FL 33131				83					
mru	MITE OOTOT									
					84	City		FL	85 Zip	Code
44 D	Name of Carlo	- a CO7 OCO0 and CO7	1500 Clayda Ctat	dee the el			pration submits this statement for the p		akanalan it	n sessintaged
office or re	egistered agent, or both, i	n the State of Florida	Such change was	authorize	d by	the corporation	on's board of directors. I hereby accep	it the appo	ointment as	registered
agent La	m ramii ar with, and accep	or the obligations of,	Section 607.0505, F	-iorida Stat	iutes					
SIGNATURE	Styriature, typed or portled name of	Inmigrand spect and that	spols at c (NC	OTE Blanistere	o Age	nt signature require	d when reinstating)	DATE		
12.		ICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITEE	DP		DELETE	1.1 30	TLE				Change	Addition
NAME	Berke, Howard			1,2 N/	AME					
STEGET ADORESS	505 PARK AVE., STE	E. 90 0		1.3 S1	TREET	ADDRESS				
ÇITY-ST-ZIP	NEW YORK NY			1.4 Ci	ITY-\$	T-ZIP				
TITLE	VSD	***************************************	DELETE	2.1 1					Change	Addition
NAME	selzer, herbert			2.2 N/	AME					
STREET ADORESS	505 PARK AVE			2.3 S1	TREET	ADDRESS				
CITY-S1-ZIF	NEW YORK NY			2.40	ITY-S	ST - ZiP				
7111.1			DELETE	3.1 TI					Change	Addition
NAME				3 2 N	AME					
STREET ADORESS				3.3 ST	TREET	ADDRESS				
CITY+S1-7IP				3.4. 0	ITY-S	ST-21P				
TITLE			☐ DELETE	4.1 TE	TLE			,	Change	Addition
NAME				4. 2 N	IAME					
STREET ADDRESS				4.3 ST	TREET	ADDRESS				
C(1)Y - 51 - 20F				4 4 C	TY-S	T - ZIP				
3(I) F			DELETE	51 TI					☐ Change	Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S1	TREET	ADDRESS				
CITY- S1-2#				5.4 CI	TY-\$	1-219				
TITLE			☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			Ţ	6.2 N	AME					
STREET ADORESS			\	6.3 \$1	TREET	ADDRESS				

s pol qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the proposered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address.