

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V18775 (9)

1. Corporation Name
F.R.W.L. REALTY, INC.



Principal Place of Business LOEB, BLOCK & WAKSMAN 505 PARK AVE SUITE 900 NEW YORK NY 10022	Mailing Address LOEB, BLOCK & WAKSMAN 505 PARK AVE SUITE 900 NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SHAPO, FREEDMAN & BLOOM Suite, Apt. #, etc.		2a. Mailing Address 26 Loeb, Block & Partners LLP Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/03/1992	
22 200 SOUTH BISCAYNE, STE 4750 City & State		27 505 Park Avenue 9th floor City & State		4. FEI Number 65-0322298	
23 MIAMI, FLORIDA Zip Country		28 New York, NY Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33131		29 10022		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BLOOM, LEONARD H. 1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name SOUTH FLORIDA RESIDENT AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) First Union Financial Center Suite 4750 83 200 South Biscayne Boulevard 84 City Miami, FL 85 Zip Code 33131			

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 *Leonard H. Bloom* **LEONARD H. BLOOM, VYS** DATE **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BERKE, HOWARD	
STREET ADDRESS	505 PARK AVE., STE. 900	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SELZER, HERBERT	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 that of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida.

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert M. Selzer* **Herbert M. Selzer, Vice-President**

CR2E034 (10/97)

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