

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

**FILED**  
**May 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V29017 (3)**  
 1. Corporation Name  
**REALNOR SPECIAL PROPERTIES, INC.**



Principal Place of Business <b>700 BRICKELL AVE. MIAMI FL 33131</b>	Mailing Address <b>50 S. LASALLE ST. C/O CORPORATE FAC M-11 CHICAGO IL 60602-1002 US</b>
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3. Date Incorporated or Qualified <b>04/16/1992</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>65-0326959</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>c/o Peggy Walsh, M-9</b>
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 <b>Chicago, Illinois</b>
24 Zip Country	29 Zip Country
25	30 <b>60675 US</b>

9. Name and Address of Current Registered Agent  
**Valerie A. Stott**  
**700 BRICKELL AVE**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 Valerie A. Stott **VALERIE A. STOTT** DATE **5/22/97**

12. OFFICERS AND DIRECTORS

TITLE	<del>AS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>STOTT, VALERIE A.</del>	
STREET ADDRESS	<del>700 BRICKELL AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	LYNCH, STEPHEN A., III	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NOBLE, CARLOS	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RITA, DIANNE	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIGSBEE, H. J	
STREET ADDRESS	700 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William L. Morrison	
1.3 STREET ADDRESS	700 Brickell Avenue	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
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	100002206791	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/10/97--01004--008	
6.3 STREET ADDRESS	***165.00	
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.

CR2E034 (9/96)