FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

(7)

DOCUMENT # 1. Corporation Name COMREAL FORT LAUDERDALE MANAGEMENT SERVICES, INC

•	FUHI LAUDEHDALE						
Principal Place of Bus	siness	Mailing Address					
8030 PETERS ROAL	0	8030 PETERS ROAD					
D-103 PLANTATION FL 33324		D-103					
		PLANTATION FL 3332		3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1992 05/01/1995		5	
2. Principal Place of	Business	2a. Mailing Address		4. FEI Number			oplied For
ä		26		65-0341015		 	ot Applicable
Suite, Apt. #, etc.		Suite, Apt # etc.		5. Certificate of Status Desired		Fee R	Additional equired
Orty & State		City & State		6. Election Campaign Financing			May Be to Fees
<u> </u>		28	Country	Trust Fund Contribution 8. This corporation has liability for its	ntangible tax i		
Zip	Country	Zip	Country 30	Florida Statutes Yes		u ndo, o	00100-1
<u> </u>	Name and Address of Cur	[29]		10. Name and Address of New R	egistered Ag	ent	
9.	Hante Bild Address of Car		81 Name				
TALBOT, TIM	I. YHTOI		82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
8030 PETER			JZ Street Addi				
D-103	UTIONE		83				
PLANTATION	I FL 33324		84 City			85 Zip	Code
			'	oration submits this statement for the pur	<u>FL_</u>		
CICNATURE	d accept the obligations of, S						
SIGNATURE Signati	tre type-dior product name of requirement		unts Bogsteled Apod signature issuer 13.	ADDITIONS/CHANGES TO OFF			
SIGNATURESignate 12.	ue typed or proted round of registeries OFFICERS	agerra como fagojal saler (Note: Bugistered Aport signature result	ADDITIONS/CHANGES TO OFF	ICERS AND E	DIRECTO! Change	RS IN 12
SIGNATURE Synth	OFFICERS ALBOT, TIMOTHY J.	AND DIRECTORS	13. 1 THEE 1 2 NAME	ADDITIONS CHANGES TO OFF	ICERS AND E		
SIGNATURE Symmetric Symmetric Street address 8	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	AND DIRECTORS	13. 1 TILLE 1 2 NAME 1 3 STREET ADDRESS	ADDITIONS CHANGES TO OFF	ICERS AND E		
SIGNATURE Synth 12. TITLE C NAME T STREET ADDRESS 8	OFFICERS ALBOT, TIMOTHY J.	April a construit de la Constant de	13. 1 1 THE 1 2 NAME 1 3 STREET ADDRESS 4 CITY - ST- 2IP	ADDITIONS/CHANGES TO OFF	ICERS AND E	Change	
SIGNATURE System 12. THLE COMMENT NAME STREET ADDRESS 8	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	AND DIRECTORS	13. 1 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - 2 IP 2 1 TILE 2 1 TILE	ADDITIONS CHANGES TO OFF	ICERS AND E		noulibbA
SIGNATURE	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April a construit de la Constant de	13. 1 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - 2 IP 2 1 TILLE 2 NAME	ADDITIONS/CHANGES TO OFF	ICERS AND E	Change	noulibbA
SIGNATURE Signation 12. THEE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April a construit de la Constant de	13. 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - 2 IP 2 1 TILLE 2 2 NAME 2 3 STREET ADDRESS	ADDITIONS CHANGES TO OFF	ICERS AND E	Change	noulibbA
SIGNATURE	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April a construit de la Constant de	13. 1 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - 2 IP 2 1 TILLE 2 NAME	ADDITIONS CHANGES TO OFF	ICERS AND E	Change	noulibbA
SIGNATURE System 12. THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April a Pro-Fagnil a Pro-Cons AND DIRECTORS DELETE DELETE	13. 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 4 CITY - ST - 2IP 2 TILLE 2 NAME 2 3 STREET ADDRESS 4 CITY - ST - 2IP 2 TILLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - 2IP	ADDITIONS/CHANGES TO OFF	ICERS AND E	Change Change	Addition Addition
SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April a Pro-Fagnil a Pro-Cons AND DIRECTORS DELETE DELETE	13. 1 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - 2IP 2 1 TILLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - S1 - 7IP 3 1 TILLE	ADDITIONS/CHANGES TO OFF	ICERS AND E	Change Change	Addition Addition
SIGNATURE System 12. THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Page Control S AND DIRECTORS DELETE DELETE DELETE	13. 1 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - 2IP 2 1 TILLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - S1 - ZIP 3 1 TILLE 3 2 NAME	ADDITIONS CHANGES TO OFF	ICERS AND C	Change Change	Addition Addition
SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April a Pro-Fagnil a Pro-Cons AND DIRECTORS DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - S1 - ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - S1 - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 3 4 CITY - S1 - ZIP 4 1 TITLE	ADDITIONS CHANGES TO OFF	ICERS AND C	Change Change	Addition Addition
SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Page Control S AND DIRECTORS DELETE DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 THILE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 1 TITLE	ADDITIONS OHANGES TO OFF	ICERS AND C	Change Change	Addition Addition
SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Page Control S AND DIRECTORS DELETE DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - 2IP 2 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - 2IP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - 2IP 4 TITLE 4 2 NAME 4 5 STREET ADDRESS	ADDITIONS OHANGES TO OFF	ICERS AND C	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Stand Stand Stand Stand DIRECTORS DELETE O3 DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	ADDITIONS CHANGES TO OFF	CERS AND C	Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Page Control S AND DIRECTORS DELETE DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 5 TITLE 5 TITLE 5 TITLE 5 TITLE 5 TITLE 5 TITLE	ADDITIONS/CHANGES TO OFF	CERS AND C	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Stand Stand Stand Stand DIRECTORS DELETE O3 DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 2 NAME 4 5 STREET ADDRESS 4 4 CITY - ST - ZIP 5 TITLE 5 2 NAME	ADDITIONS GHANGES TO OFF	CERS AND C	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Stand Stand Stand Stand DIRECTORS DELETE O3 DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 2 NAME 4 5 STREET ADDRESS 4 4 CITY - ST - ZIP 5 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 3 STREET ADDRESS 6 3 STREET ADDRESS	ADDITIONS GHANGES TO OFF	CERS AND C	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 1 Stand Stand Stand Stand DIRECTORS DELETE O3 DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 2 NAME 4 5 STREET ADDRESS 4 4 CITY - ST - ZIP 5 TITLE 5 2 NAME	ADDITIONS GHANGES TO OFF	CERS AND C	Change Change Change	Addition Addition Addition
SIGNATURE 12. THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 2 DELETE AND DIRECTORS DELETE DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 2 NAME 4 5 STREET ADDRESS 4 4 CITY - ST - ZIP 5 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	ADDITIONS GHANGES TO OFF	CERS AND C	Change Change Change Change	Addition Addition Addition Addition
SIGNATURE SYMME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICEHS ALBOT, TIMOTHY J. 1030 PETERS ROAD D-10	April 2 DELETE AND DIRECTORS DELETE DELETE DELETE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 TITLE 4 2 NAME 4 5 STREET ADDRESS 4 4 CITY - ST - ZIP 5 TITLE 5 2 NAME 5 3 STREET ADDRESS 6 TITLE 5 2 NAME 5 3 STREET ADDRESS 6 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 TITLE	ADDITIONS CHANGES TO OFF	CERS AND C	Change Change Change Change	Addition Addition Addition Addition
SIGNATURE SIGNATURE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS ALBOT, TIMOTHY J. O30 PETERS ROAD D-10 LANTATION FL.	AND DIRECTORS DELETE O3 DELETE DELETE DELETE	13. 1 1 TILLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME	ADDITIONS CHANGES TO OFF	C C	Change Change Change Change	Addition Addition Addition

Prehost

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96

984 424-6400