FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V64743** **(0)**

1. Corporation Name

MRM REALTY CORP.

Principal Place of Business	Mailing Address
972 NASSAU RD. UNIONDALE NY 11553 US	972 NASSAU RD. UNIONDALE NY 11553 US

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-3150008** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ ~~No~~

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GANIS, JESSE
1300 N.W. 97TH TERRACE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0502 and 617.1005, 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. The corporation's board of directors, I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	GANIS, RODNEY		1a NAME	
STREET ADDRESS	972 NASSAU RD		1b STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY		1c CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GANIS MONTE		2a NAME	
STREET ADDRESS	972 NASSAU RD		2b STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY		2c CITY-ST-ZIP	
TITLE	D	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	GANIS MATTHEW		3a NAME	
STREET ADDRESS	972 NASSAU RD		3b STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY		3c CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4a NAME	
STREET ADDRESS			4b STREET ADDRESS	
CITY-ST-ZIP			4c CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report with an address.

SIGNATURE: Rodney Ganis 4/3/96 516-292-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #