

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34840** (9)  
 1. Corporation Name  
**GENMAR REALTY GROUP, INC.**



Principal Place of Business: **1177 KANE CONCOURSE SUITE 214 BAY HARBOUR FL 33154 US**  
 Mailing Address: **625 N MICHIGAN AVE STE 2000 CHICAGO IL 60611 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1991</b>	3a. Date of Last Report <b>01/31/1995</b>
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number <b>36-3773299</b>	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**DORFMAN, ROBERT**  
**1177 KANE CONCOURSE**  
**SUITE 218**  
**BAY HARBOR FL 33154**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
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

Signature of the Corporation or its duly authorized representative

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLUB, EUGENE</b>	12 NAME	
STREET ADDRESS	<b>625 N. MICH. AVE., #2000</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	14 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAPLIN, MARTIN W.</b>	22 NAME	
STREET ADDRESS	<b>1177 KANE CONCOURSE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR FL</b>	24 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, MICHAEL H.</b>	32 NAME	
STREET ADDRESS	<b>625 N. MICH. AVE., #2000</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	34 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORFMAN, ROBERT A</b>	42 NAME	
STREET ADDRESS	<b>1177 KANE CONCOURSE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	44 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, OSMILDA</b>	52 NAME	
STREET ADDRESS	<b>1177 KANE CONCOURSE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR FL</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Dorfman*  
**Robert Dorfman**

7/1/96

305-865-8011

CR2E034 (3/96)