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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 60611-3185 US
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3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 07/30/1996
4. FEI Number 36-3773299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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. State, Apt. #, etc. Suite 222	26. 1177 Kane Concourse
22. City & State Bay Harbor, FL	27. Suite 222
23. Zip 33154	28. Bay Harbor, FL
24. Country US	29. 33154
	30. US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLUB, EUGENE	
STREET ADDRESS	625 N. MICH. AVE., #2000	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAPLIN, MARTIN W.	
STREET ADDRESS	1177 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEWMAN, MICHAEL H.	
STREET ADDRESS	625 N. MICH. AVE., #2000	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DORFMAN, ROBERT A	
STREET ADDRESS	1177 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, OSMILDA	
STREET ADDRESS	1177 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 included 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.

SIGNATURE:  **Robert Dorfman, V.P.** 1/20/97 305-865-8011

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

CR2E034 (9/96)