

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 129561 (7)
1. Corporation Name
FIRST OF FLORIDA CORPORATION



Principal Place of Business
**INTERNATIONAL PLACE SUITE 2370
100 SE 2 ST
MIAMI FL 33131-2145
US**

Mailing Address
**INTERNATIONAL PLACE, SUITE 2370
100 SE 2 STREET
MIAMI FL 33131-2100
US**

3. Date Incorporated or Qualified **10/08/1934** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business
21 **NATIONSBANK TOWER, SUITE 2370**
Suite, Apt. #, etc.

2a. Mailing Address
26 **NATIONSBANK TOWER, SUITE 2370**
Suite, Apt. #, etc.

4. FEI Number **59-0242625** Applied For Not Applicable

22 **100 S.E. 2 STREET**
City & State

27 **100 S.E. 2 STREET**
City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **MIAMI, FL**

28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **33131-2145** 25 Country **USA**

29 Zip **33131-2145** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICKARD, BARBARA A
INTERNATIONAL PLACE, SUITE 2370
100 SE 2 STREET
MIAMI FL 33131**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
NATIONSBANK TOWER, SUITE 2370
83 **100 S.E. 2 STREET**
84 City **MIAMI** 85 Zip Code **FL 33131-2145**

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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICKARD, B A	
STREET ADDRESS	51 N W FIRST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEMMINGS, ARTHUR I	
STREET ADDRESS	2582 SW 7 CT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARR, SAMUEL L JR.	
STREET ADDRESS	801 BRICKELL AVENUE 19TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	STDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	100 S.E. 2 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33131-2145	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	HOMESTEAD, FL 33033-5210	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10 MARBELLA CT HAMMOCK DUNES	
3.4 CITY-ST-ZIP	PALM COAST FL 32137	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE _____ **BARBARA A. RICKARD 4/22/97 (305) 373-1286**

CR2E034 (9/96)