

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # **566981 (7)**

1. Corporation Name
THE LAW OFFICES OF BAILEY & JONES, A PROFESSIONAL ASSOCIATION



Principal Place of Business Mailing Address
501 BRICKELL KEY DR 300 MIAMI, FL 33131 **501 BRICKELL KEY DR 300 MIAMI, FL 33131**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/10/1978	3a. Date of Last Report 05/01/1995
21. Subj. Apt. #, etc.	26. Subj. Apt. #, etc.	4. FEI Number 59-1812683	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**BAILEY, GUY B., JR.
501 BRICKELL KEY DR 300
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, 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 _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PD BAILEY, GUY B., JR.	2. NAME	
3. STREET ADDRESS	7505 OLD CUTLER ROAD	3. STREET ADDRESS	
4. CITY, ST, ZIP	CORAL GABLES FL	4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	JONES, JESSE C.	6. NAME	
7. STREET ADDRESS	7605 S.W. 125TH STREET	7. STREET ADDRESS	
8. CITY, ST, ZIP	MIAMI FL	8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Guy B. Bailey, Jr.* **Guy B. Bailey, Jr. 1/16/96 374-5505**

CR2E034 (12/95)