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

PROFIT Mar 16 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)594935 P. NYE ASSOCIATES INC. Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE MIAMI FL 33131-2327 MIAMI FL 33131-2327 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 26 <u>59-2208051</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Žφ Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DERIBEAUX, GUS EGGY NYE 3191 CORAL WAY, 3RD FLOOR 82 Street Address (P.O. **MADISON CIRCLE MAIMI FL 33145** City Zip Code 3313) of Sections 607.0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in a scept the obligations of, Section 607.6505, Florida Statutes. 11. Pursuant to the provisions office or registered agent agent. I am familiar with E664 YE LOOIN FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change \_\_\_ Addition NYE, PEGGY R. NAME 1.2 NAME 501 BRICKELL KEY DR #501 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TATL F DELETE 2.1 TITLE Change Addition NYE, SUZANNE L. NAME 2.2 NAME 501 BRICKELL KEY DR #501 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NYE, LORRAINE B. NAME 3.2 NAME 501 BRICKELL KEY DR #501 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-SE-ZIF TITLE DELETE 4.1 TITLE Change Addition LODIN, DANA NAME 4. 2 NAME 501 BRICKELL KEY DR #501 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DILFIE Addition TITLE 61 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 conjuntation on 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:

SIGNATURE:

3/10/98

374 6230

**SIGNATURE:** 

**FILED** 

3/10/98 374 6230