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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 # 601038 (3)
 1. Corporation Name
COLSON, HICKS, EIDSON, COLSON & MATTHEWS, P.A.



Principal Place of Business
200 S. BISCAYNE BLVD., FLOOR 47 S.E. FINANCIAL CENTER MIAMI FL 33131-8310

Mailing Address
200 S. BISCAYNE BLVD., FLOOR 47 S.E. FINANCIAL CENTER MIAMI FL 33131-2310

3. Date Incorporated or Qualified **05/28/1969** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-1261170** Applied For Not Applicable

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

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

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

2. Principal Place of Business
 21 **200 S Biscayne Blvd**
 Suite, Apt. #, etc.
 22 **Suite 4700**
 City & State
 23 **Miami, FL 33131**
 Zip Country
 24 **33131** 25 **USA**

2a. Mailing Address
 26 **200 S Biscayne Blvd**
 Suite, Apt. #, etc.
 27 **Suite 4700**
 City & State
 28 **Miami, FL 33131**
 Zip Country
 29 **33131** 30 **USA**

9. Name and Address of Current Registered Agent
HICKS, WILLIAM
200 S BISCAYNE BLVD 47TH FL
MIAMI FL 33131-8310

10. Name and Address of New Registered Agent
 81 Name **Lewis S. Eidson, Jr.**
 82 Street Address (P.O. Box Number is Not Acceptable) **200 S Biscayne Blvd Suite 4700**
 83
 84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0102 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 *Lewis S. Eidson, Jr.* **Lewis S. Eidson, Jr.** 04/30/97
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS S. EIDSON	1.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN C. COLSON	2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN C. COLSON	3.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, BILL	4.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, WILLIAM M	5.2 NAME	Hicks, William (deceased)
STREET ADDRESS	200 S BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, JOSEPH	6.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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: *Lewis S. Eidson, Jr.* **Lewis S. Eidson, Jr., President** 04/30/97 (305)373-5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)