FILE NOXY. FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name COLSON, HICKS, EIDSON, COLSON & MATTHEWS, P.A. Colson, Hicks, Eidson, Colson, Matthews, Martinez & Mendoza, PA

200 S BISCAYNE BLVD **SUTTE 4700**

Principal Place of Business

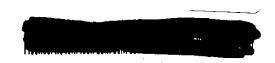
Mailing Address

200 S BISCAYNE BLVD

SHITE 4700

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90059 007 ***150.00



MIANT DI 22121		MIANT DI 2212			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
MIAMI FL 33131			MIAMI FL 33131		3. Date Incorporated or Qualifed			
US		US			05/28/1969		<u> </u>	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For	
21		26			59-1261170	No.	ot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.		5. Certifcate of Status Desired \$8		Additional		
22		27	·		5. Certificate of Status Desired	Fee Re	equired	
City & State	9	City & State			6. Election Campaign Financing \$	5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zíp	Country	Zip	Country	i	8. This corporation owes the current year Intar	igible	1	
24	25	29 30			1 ersonar 1 reperty 1 ax	Yes	[:No	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
E T	DOM TELITO C ID		81	Name	•		ļ	
EIDSON, LEWIS S JR				82 Street Address (P.O. Box Number is Not Acceptable)				
	O S BISCAYNE BLVD		"	1 30000	(Address () . o. box (tellings) is the constant by			
	ITE 4700		83	i				
MI.	AMI FL 33131							
			84	City	FI	85 Zip	Code	
A Overvoot	to the provisings of Sections 607 0502	and 607 1508. Florida Statutes	the abov	e-named	corporation submits this statement for the purpose of cl	nanging it	s registered	
I office or re	edistered agent, or both, in the State o	i Florida. Such change was auti	ionzed by	the com	poration's board of directors. I hereby accept the appoint	ment as re	egistered	
i agent. Far	m familiar with, and accept the obligati	ons of, Section 607,0505, Florid	a Statute:	S.				
SIGNATURE		0,075.5			a required when reinstations DATE		 :	
<u></u>	Signature, typed or printed name of registered agent OFFICERS AND		13.	ert signature	Page regular Americans (and page 1) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
I 12.		DELETE	1.1 TITLE			Change		
	.PD		1.2 NAME					
NAME	LEWIS S. EIDSON		1		• • •			
STREET ACCRESS	200 S. BISCAYNE B	LVD	1	T ACORESS	5			
CITY-ST-ZIP	MIAMI FL.	57.00	1.4 CITY-			☐ Change	[Addition	
TITLE	VPS	☐ OELETE	2.1 TITLE			Cuange		
NAME	DEAN C. COLSON		2.2 NAME				-	
STREET ACORESS	200 S BISCAYNE BL	i/D	2.3 STRES	ET ADDRESS	s			
CITY-ST-ZP	MIAMI FL	V D	2. 4 CITY-	ST-ZIP				
TITLE	TD	☐ DELETE	31 TTLE			Change	Addition	
NAME			3 2 NAME					
STREET ADDRESS	DEAN C. COLSON		3.3 STRE	ET ADDRESS	s			
CITY-ST-Z'P	200 S. BISCAYNE B	LVD.	3.4. CITY-	ST-ZIP				
TITLE	MIAMI FL	☐ OELETE	4.1 TITLE			Change	☐ Addition	
NAME	VP		4, 2 NAME	Ē				
STREET ADDRESS	COLSON, BILL			- Et address	s			
	200 S. BISCAYNE B	LVD.	4.4 CITY-					
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	5.1 TITLE			Change	Addition	
	MATTHEWS, JOSEPH	A second	5.2 NAME			_		
NAME	200 S BISCAYNE BLV	VD	i i	ET ADDRES:				
STREET ACCRESS					×			
CITY-ST-ZIP	110		5.4 CITY-			Chance	Addition	
TITLE	VP	☐ DELETE	6.1 TTTLE			Change	□ vacare	
NAME	MATTHEWS, JOSEPH		5.2 NAME	i				
STREET ACCRESS		LVD	63STRE	ET ADDRES:	s į			
CITY-ST-ZIP	MIAMI FL		64 CITY-	ST-Z:P				
	<u> </u>		•—			C. shat the	noitematica	

14. I hereby certify that the information supported with this filling 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 syndemental 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 of the receiver or by the 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, with all other like empowered.

SIGNATURE: