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Mar 26 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 # 840806 (4)

1. Corporation Name
CRESMER, WOODWARD, O'MARA & ORMSBEE, INC.



Principal Place of Business: 866 THIRD AVENUE NEW YORK NY 10022
Mailing Address: 1550 NE MIAMI GARDENS DR STE. 302 N. MIAMI BCH. FL 33178-4836 US

3. Date Incorporated or Qualified: 06/08/1978
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
4. FEI Number: 13-1122025
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

9. Name and Address of Current Registered Agent: EVANS, PETER R 1550 NE MIAMI GARDENS DR SUITE 302 9100 S. DADELAND BLVD. NORTH MIAMI BEACH FL 33179
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: EVP	NAME: OLSSOR, DOUGLAS	1.1 TITLE:	Change Addition
STREET ADDRESS: 13601 PRESTON RD	CITY- ST- ZIP: DALLAS TX	1.2 NAME:	
TITLE: EVP	NAME: SOENS, BERNADETTE	1.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 1 E WACKER DR	CITY- ST- ZIP: CHICAGO IL	1.4 CITY- ST- ZIP:	
TITLE: EVP	NAME: LYKE, WILLIAM	2.1 TITLE:	Change Addition
STREET ADDRESS: 1 E WACKER DR	CITY- ST- ZIP: CHICAGO IL	2.2 NAME:	
TITLE: VD	NAME: MITCHELL, RICHARD A	2.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 1 EAST WACKER DR	CITY- ST- ZIP: CHICAGO IL	2.4 CITY- ST- ZIP:	
TITLE: DCEO	NAME: VEITCH, MICHAEL	3.1 TITLE:	Change Addition
STREET ADDRESS: 1 E WACKER	CITY- ST- ZIP: CHICAGO IL	3.2 NAME:	
TITLE: CS	NAME: CANNON, MARY E	3.3 STREET ADDRESS:	Change Addition
STREET ADDRESS: 866 THIRD AVE	CITY- ST- ZIP: NEW YORK NY	3.4 CITY- ST- ZIP:	
		4.1 TITLE:	Change Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	Change Addition
		4.4 CITY- ST- ZIP:	
		5.1 TITLE:	Change Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	Change Addition
		5.4 CITY- ST- ZIP:	
		6.1 TITLE:	Change Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	Change Addition
		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: Mary E Cannon 3/21/97 [212]251 0672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)