

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J59394** (3)  
1. Corporation Name  
**FIRST RESERVE MANAGEMENT INC.**



Principal Place of Business <b>1360 S. DIXIE HWY. CORAL GABLES FL 33146</b>		Mailing Address <b>1360 S. DIXIE HWY. CORAL GABLES FL 33146</b>		3. Date Incorporated or Qualified <b>02/25/1987</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0141988</b>	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>HARPER, ALLEN C.</b> <b>1360 S. DIXIE HWY</b> <b>CORAL GABLES FL 33146</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				FL	85. Zip Code

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 \_\_\_\_\_ Signature (holder performs duties and takes liability) \_\_\_\_\_ Not to be signed by Agent Signature (holder performs duties) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, ALLEN C.</b>	2. NAME	
STREET ADDRESS	<b>1360 S. DIXIE HIGHWAY</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4. CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUFFIELD, RONALD A.</b>	8. NAME	
STREET ADDRESS	<b>1360 S. DIXIE HIGHWAY</b>	9. STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	10. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY-ST-ZIP		30. 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)