

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K21363 (2)
 1. Corporation Name
FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH

Principal Place of Business 100 S.E. 2ND STREET STE 2300 MIAMI FL 33131-1101 US	Mailing Address 100 S.E. 2ND STREET STE 2300 MIAMI FL 33131-1101 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1988	
21		26		4. FEI Number 65-0080824	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUSAN STRICKROOT ADAMS 100 S.E. 2nd STREET SUITE 2300 MIAMI, FLORIDA 33131-1101				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, J. MURREY, JR.	1.2 NAME	DEANE, JAMES R.
STREET ADDRESS	P.O. BOX 1012	1.3 STREET ADDRESS	TWO WORLD TRADE CENTER
CITY-ST-ZIP	CHARLOTTE NC 28201	1.4 CITY-ST-ZIP	NEW YORK, NY 10048
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL, DANIEL K	2.2 NAME	GIRESI, MARK A.
STREET ADDRESS	5133 N.W. 93RD DORAL WAY	2.3 STREET ADDRESS	17777 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKROOT, JOHN C	3.2 NAME	HERRON, JAMES M.
STREET ADDRESS	100 S.E. 2ND STREET STE 1700	3.3 STREET ADDRESS	2891 SEMINOLE STREET
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	DF <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOUGHTON, PETER E.	4.2 NAME	IBANEZ, MARIA ELENA
STREET ADDRESS	100 S.E. 2nd STREET, Ste. 2300	4.3 STREET ADDRESS	1441 N.W. 89th COURT
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARMATI, MAURICE M.	5.2 NAME	RIVERA, MARIO
STREET ADDRESS	3655 N.W. 87TH AVE	5.3 STREET ADDRESS	1 S.E. 2nd STREET
CITY-ST-ZIP	MIAMI FL 33178	5.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LEWIS, GERALD A.
STREET ADDRESS		6.3 STREET ADDRESS	245 E. VIRGINIA STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301

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 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 REQUIRED** 1-9-98 305-372-1260

CR2E034 (10/97)

**FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH
OFFICERS/DIRECTORS CHANGES**

1998

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Atkins, J. Murrey, Jr.
121 West Trade Street
Charlotte, NC 28202

DPS

Houghton, Peter E.
100 S.E. 2nd Street, Ste. 2300
Miami, FL 33131