

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90082 029 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # K21363**

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

3. Date Incorporated or Qualified <b>10/27/1988</b>	4. FEI Number <b>65-0080824</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
 Susan S. Adams  
 100 S.E. 2nd Street  
 Suite 2300  
 Miami, Florida 33131

10. Name and Address of New Registered Agent  
 81 Name **JANIE M GOLDBERG**  
 82 Street Address (P.O. Box Number is Not Acceptable) **100 SE 2 STREET**  
 83 **SUITE 2300**  
 84 City **MIAMI** FL 85 Zip Code **33131**

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]* DATE **3/17/99**  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	ATKINS, J. MURREY, JR.	
STREET ADDRESS	P O BOX 1012	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	D	<input checked="" type="checkbox"/>
NAME	O'CONNELL, DANIEL K	
STREET ADDRESS	5133 N.W. 93RD DORAL WAY	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/>
NAME	STRICKROOT, JOHN C	
STREET ADDRESS	100 S.E. 2ND STREET STE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	<input checked="" type="checkbox"/>
NAME	HOUGHTON, PETER E.	
STREET ADDRESS	100 SE 2ND ST, STE 2300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/>
NAME	ZARMATI, MAURICE M.	
STREET ADDRESS	3655 N.W. 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/>
NAME	Deane, James R.	
STREET ADDRESS	Two World Trade Center	
CITY-ST-ZIP	New York, NY 10048	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Weintraub, Teresa V-F		
1.3 STREET ADDRESS	100 S.E. 2nd Street - Ste. 2300		
1.4 CITY-ST-ZIP	Miami, Florida 33131		
2.1 TITLE	DC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Goodfellow, James		
2.3 STREET ADDRESS	Two World Trade Center		
2.4 CITY-ST-ZIP	New York, New York 10048		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Cohen, Gail		
3.3 STREET ADDRESS	Two World Trade Center		
3.4 CITY-ST-ZIP	New York, New York 10048		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Houghton, Peter E.		
4.3 STREET ADDRESS	6520 S.W. 104th Street		
4.4 CITY-ST-ZIP	Miami, Florida 33156		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Herron, James M.		
5.3 STREET ADDRESS	200 S. Biscayne Boulevard, Ste. 400		
5.4 CITY-ST-ZIP	Miami, Florida 33131		
6.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Atkins, J. Murrey, Jr.		
6.3 STREET ADDRESS	121 West Trade Street		
6.4 CITY-ST-ZIP	Charlotte, North Carolina 28202		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **Mario Rivera, CFO** Date **1/8/99** Daytime Phone # **(305) 372-1260**

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FIDUCIARY TRUST INTERNATIONAL O  
OFFICERS/DIRECTORS (conti  
1999

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Mark A. Giresi  
17777 Old Cutler Road  
Miami, Florida 33157

D  
Maria Elena Ibanez  
1441 N.W. 89th Court  
Miami, Florida 33172

D  
Gerald A. Lewis  
245 E. Virginia Street  
Tallahassee, Florida 32301

D  
Mario Rivera  
100 S.E Second Street  
Suite 2300  
Miami, FL 33131