

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 # **K28910** (3)

1. Corporation Name

BILTMORE WAY HOLDINGS, INC.



Principal Place of Business

Mailing Address

% JOHN SULLIVAN
801 BRICKELL AVE. STE 1301
MIAMI FL 33131

% JOHN SULLIVAN
801 BRICKELL AVE. STE 1301
MIAMI FL 33131

3. Date Incorporated or Qualified
07/20/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **701 Brickell Avenue**

26 **701 Brickell Avenue**

4. FEI Number
65-0078204

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
Suite 850

27 Suite, Apt. #, etc.
Suite 850

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Miami, Florida

28 City & State
Miami, Florida

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33131

25 Country
USA

29 Zip
33131

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN
801 BRICKELL AVE
SUITE 1301
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue

83 **Suite 850**

84 City
Miami

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 typed or printed name of a non-agent (see title 6 applied)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN	
STREET ADDRESS	801 BRICKELL AVE #1301	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOHN S	
STREET ADDRESS	801 BRICKELL AVE S1301	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	701 Brickell Avenue, Suite 850
14 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	701 Brickell Avenue, Suite 850
24 CITY-ST-ZIP	Miami, Florida 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	900001822579
53 STREET ADDRESS	-05/15/96--01055--015
54 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

SIGNATURE: **John S. Sullivan / Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

(305) 381-8340

CR2E034 (12/95)