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Mar 25 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 # **K28910** (3)

1. Corporation Name
BILTMORE WAY HOLDINGS, INC.



Principal Place of Business: **701 BRICKELL AVE., STE 850 MIAMI FL 33131**

Mailing Address: **701 BRICKELL AVE., STE 850 MIAMI FL 33131-2851**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/20/1988	3a. Date of Last Report 05/01/1996
21. State/Prov. #	26. Suite/Apt. #, etc.	4. FEI Number 65-0078204	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

SULLIVAN, JOHN
701 BRICKELL AVE., STE 850
MIAMI FL 33131

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

11. Pursuant to the provisions of Sections 607.05(2) 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 and further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (PRINT) Registered Agent signature required when not stating DATE _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **SULLIVAN, JOHN**

STREET ADDRESS: **701 BRICKELL AVE., STE 850**

CITY-STATE-ZIP: **MIAMI FL 33131**

TITLE: **PTS** DELETE

NAME: **SULLIVAN, JOHN S**

STREET ADDRESS: **701 BRICKELL AVE., STE 850**

CITY-STATE-ZIP: **MIAMI FL 33131**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information furnished 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: **John S. Sullivan** Director/President/Treasurer/Secretary **3/14/97** **305-381-8340**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

CR2E034 (9/96)