

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR 22 PM 3:01



DOCUMENT # K51259 (5)

1. Corporation Name
FLORIDA DORNUM INVESTMENTS, INC.

Principal Place of Business % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Mailing Address % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324-4413
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3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 65-0100077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD CODINA CAMPOLLO, RAMON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9801 COLLINS AVENUE	1.2 NAME	400002150894--6
STREET ADDRESS	BAL HARBOR FL	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	VP KING, SHEPARD P.A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1221 BRICKELL AVE	2.2 NAME	
STREET ADDRESS	MIAMI FL 33131	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	V GILDAN, LAURIE L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 SOUTH FLAGLER DRIVE, STE 310 EAST	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33401	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	AS BARBONI, ALEX	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	444 BRICKELL AVE STE 51503	4.2 NAME	
STREET ADDRESS	MIAMI FL 33131-2492	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 proprietor 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: *Shepard King* **Shepard King** *4/17/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0283960**

CRE034 (9/96)

MWB

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ACCOUNT NO. : 072100000032

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REFERENCE : 338980 4303929

AUTHORIZATION :

COST LIMIT *Patricia \$165. Project*

ORDER DATE : April 22, 1997

ORDER TIME : 10:20 AM

ORDER NO. : 338980-010

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: FLORIDA DORNUM INVESTMENTS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

RECEIVED
97 APR 22 AM 11:28
DIVISION OF CORPORATION

MWB
4-22-97