

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 98 APR 29 PM 1:54

**DOCUMENT # K51259 (5)**

1. Corporation Name  
**FLORIDA DORNUM INVESTMENTS, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>12/14/1988</b>	4. FEI Number <b>65-0100077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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>	7. 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

2. Principal Place of Business 21 c/o Shepard King Suite, Apt. #, etc.	2a. Mailing Address 26 c/o Shepard King Suite, Apt. #, etc.
22 1221 Brickell Ave., 21 Floor City & State	27 1221 Brickell Ave., 21 Floor City & State
23 Miami, Florida Zip Country	28 Miami, Florida Zip Country
24 33131 25	29 33131 30

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 <b>Corporation Service Company</b>	85 Zip Code <b>32301</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>	
83	
84 City <b>Tallahassee FL</b>	

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.

SIGNATURE: *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE: **4-29-98**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>CODINA CAMPOLLO, RAMON</b>	
STREET ADDRESS	<b>9901 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>BAL HARBOR FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>KING, SHEPARD P.A.</b>	
STREET ADDRESS	<b>1221 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>GILDAN, LAURIE L</b>	
STREET ADDRESS	<b>777 SOUTH FLAGLER DRIVE, STE 310 EAST</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>BARBONI, ALEX</b>	
STREET ADDRESS	<b>444 BRICKELL AVE STE 51503</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131-2492</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>200002504882--6</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Shepard King* **4/23/98** (305) 579-0509

CR2E034 (10/97)