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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # L01770

(1)

Mailing Address

BARBER & BRONSON INCORPORATED

MIAMI FL 33131 US	PLAD	SUITE 2950 MIAMI FL 33131-4330 US		3. Date Incorporated of 07/13/1989		e of Last Ro 3/1996	eport
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number		Ap	plied For
21		26		65-0201574		No	t Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status	Desired	\$8.75 A	Additional
City & State		Crty & State		6. Election Campaign	-inancing	\$5.00	May Be
23		28		Trust Fund Contribu		Added to	
Zip	Country	Ζψ	Country	8. This corporation has	liability for intangible t	lax under s.	199.032,
24	25	29	30	Florida Statutes	X Yes	_	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Addres	of New Registered A	gent	
BRON	son, steven n		81 N	lame			
201 S	BISCAYNE BLVD		82 S	treet Address (P.O. Box Number is N	of Acceptable)		
SUITE	2950		02 3	e out madross (c.o. Dox maniper is r	or modernabler		
MAMI	FL 33131		83				
						7	
			84 0	aty	FL	85 Zip C	Jode
office or rec	di ste red agent, or both, in the St	ate of Florida. Such change was	authorized by th	arned corporation submits this staten e corporation's board of directors. I h	ent for the purpose of ereby accept the appo	changing its sintment as i	s registered registered
office or reg agent. I am SIGNATURE	gistered agent, or both, in the St. familiar with, and accept the ob- grature, typed or printed came of registered	ate of Florida, Such change was bligations of, Section 607,0505, Florida and the diagraphicable (NS)	s authorized by the forida Statutes. The Registered Agents	e corporation's board of directors. I h	ereby accept the appo	ointment as i	registered
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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 logal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

4.4 CITY-S1-7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CH1Y - S1 - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

🔲 ÖELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

TITLE

NAME

TITLE

NAME

BARRY J. BOOTH

4/25/97

Miami, FL 33131

(305) 536-8505

Change

Addition

Addition

FILED

May 06 1997 8:00am

Secretary of State