

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L01770 (1)**

1. Corporation Name  
**BARBER & BRONSON INCORPORATED**



Principal Place of Business <b>801 S BISCAYNE BLVD                  SUITE 2950                  MIAMI FL 33131                  US</b>	Mailing Address <b>201 S BISCAYNE BLVD                  SUITE 2950                  MIAMI FL 33131-4330                  US</b>
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3. Date Incorporated or Qualified <b>07/13/1989</b>	3a. Date of Last Report <b>07/03/1996</b>
4. FEI Number <b>65-0201574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**BRONSON, STEVEN N  
 201 S BISCAYNE BLVD  
 SUITE 2950  
 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 607.0502 and 607.1108, 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 registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELLIOTT, ERIC R	
STREET ADDRESS	201 S BISCAYNE BLVD, SUITE 2950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CASSEL, JAMES S	
STREET ADDRESS	201 BISCAYNE BLVE SUITE 2950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOOTH, BARRY J	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 2950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRONSON, STEVEN N	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 2950	
CITY-ST-ZIP	MIAMI FL 33131	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELLIOTT, ERIC R.	
1.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	Director and EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASSEL, JAMES S.	
2.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	Director and ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOOTH, BARRY J.	
3.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBER, BRUCE C.	
4.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2950	
4.4 CITY-ST-ZIP	Miami, FL 33131	
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 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 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:  BARRY J. BOOTH 4/25/97 (305) 536-8505

CR2E034 (9/96)