FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 14 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 # M63197 (1)

1. Corporation Name
CATLIN, SAXON, TUTTLE AND EVANS, P.A.

Principal Place of Business	Mailing Address
% H. JAMES CATLIN, JR. 1700 ALFRED I DUPONT BLDG. 169 E FLG.ST. MIAMI FL 33131	% H. JAMES CATLIN, JR. 1700 ALFRED I DUPONT BLDG. 169 E FLG.ST. MIAMI FL 33131

3. Date Incorporated or Qualified: 12/02/1987
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0087770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CATLIN, H. JAMES JR.
1700 ALFRED I DUPONT BLG
169 E. FLAGER STREET
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 **FL** 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CATLIN, H. JAMES JR.		1.2 NAME		
STREET ADDRESS	1700 ALFRED I DUPONT BLG		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAXON, KYLE R.		2.2 NAME		
STREET ADDRESS	1700 ALFRED I DUPONT BLG		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TUTTLE, WILLIAM M. II		3.2 NAME		
STREET ADDRESS	1700 ALFRED I DUPONT BLG		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, JAMES C.		4.2 NAME		
STREET ADDRESS	1700 ALFRED I DUPONT BLG		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FINK, BRIAN L.		5.2 NAME		
STREET ADDRESS	1700 ALFRED I. DUPONT BLDG		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KOLSKI, STEPHEN J JR		6.2 NAME		
STREET ADDRESS	1700ALFRED I DUPONT BLDG		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 added by attachment with an address.

H. JAMES CATLIN JR 1/14/97 305