

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

FILED

**Apr 02 1997 8:00am
Secretary of State**

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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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DOCUMENT # P12193 (9)
 1. Corporation Name
COURTLAND GROUP, INC.



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| Principal Place of Business 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133 | Mailing Address 2701 S BAYSHORE DR #PH COCONUT GROVE FL 33133-5309 |
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|--|--|
| 3. Date Incorporated or Qualified 11/18/1986 | 3a. Date of Last Report 05/01/1996 |
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|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 13-2697658 | Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. Zip | 28. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Zip | 25. Country | 29. Zip | 30. Country |

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|--|-----------|--|--|
| 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 | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD GRAY, LEE <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2701 S BAYSHORE DR | 1.2 NAME | |
| STREET ADDRESS | COCONUT GROVE FL | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | SVS ROTHSTEIN, LAWRENCE I. <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2701 S BAYSHORE DR. | 2.2 NAME | |
| STREET ADDRESS | COCONUT GROVE FL | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | VAS CAMAROTTI, CARLOS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2701 S BAYSHORE DR. | 3.2 NAME | |
| STREET ADDRESS | COCONUT GROVE FL | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | CD WIENER, MAURICE <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2701 S. BAYSHORE DRIVE | 4.2 NAME | |
| STREET ADDRESS | COCONUT GROVE FL | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | D EYSSELL, GUSTAV S. <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROUTE 1, BOX 121 | 5.2 NAME | |
| STREET ADDRESS | HAMILTON VA | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | V LERNER, BERNARD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2701 S BAYSHORE DR | 6.2 NAME | |
| STREET ADDRESS | COCONUT GROVE FL | 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 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: *Lawrence Rothstein* 3/2/97 (305) 854-6803
 SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0177351

CR2E034 (9/96)