

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

APPROVED
AND
FILED

1997 APR 15 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P39443 (7)

1. Corporation Name
~~DALTON, GREINER, HARTMAN, MAHER & CO., INC.~~
1100 FIFTH AVENUE PARTNERS, INC.
(amendment filed 4/17/97)

Principal Place of Business 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940 US	Mailing Address 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 34102-6407 US
--	---

3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last Report 01/30/1996
--	--

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

4. FEI Number 13-3567613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KEELER, MICHAEL W
1100 5TH AVENUE SOUTH
SUITE 301
NAPLES FL 33940**

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

FL

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: (Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	DALTON, TIMOTHY	
STREET ADDRESS	1100 5TH AVE. SOUTH SUITE 301	
CITY - ST - ZIP	NAPLES FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HARTMAN, JAMES F.	
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301	
CITY - ST - ZIP	NAPLES FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	GREINER, KENNETH J.	
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301	
CITY - ST - ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAHER, KEVIN J.	
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301	
CITY - ST - ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEELER, MICHAEL W	
STREET ADDRESS	1100 5TH AVE SOUTH SUITE 301	
CITY - ST - ZIP	NAPLES FL	

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	400002145004--0
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	04/16/97-01064-001
2.3 STREET ADDRESS	****165.00 ****165.00
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	

Michael W Keeler
4/15/97

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: *Michael W Keeler* **MICHAEL W Keeler** Date: **3/20/97** Daytime Phone #: **941 261-3550**

CR2E034 (9/96)