

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Abernethy
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39988** (1)

1. Corporation Name
MISS I PARTNERS, INC.

Principal Place of Business 250 AUSTRALIAN AVE S. SUITE 400 W. PALM BEACH FL 33401 US	Mailing Address 250 AUSTRALIAN AVE S. SUITE 400 W PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/11/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0349727	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent GUTIN, KATHLEEN L ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE. S., SUITE 400 W. PALM BEACH FL 33401				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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	WRIGHT, LARRY E.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 AUSTRALIAN AVE., #400	12 NAME	
STREET ADDRESS	W. PALM BEACH FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE S	WRIGHT, LARRY E.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 AUSTRALIAN AVE., #400	22 NAME	
STREET ADDRESS	W. PALM BEACH FL	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE TCD	WAYMAN, EDWIN E.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 AUSTRALIAN AVE., #400	32 NAME	
STREET ADDRESS	W. PALM BEACH FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE DAS	GUTIN, KATHLEEN L.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 AUSTRALIAN AVE., #400	42 NAME	
STREET ADDRESS	W. PALM BEACH FL	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE AS	GOLDBERGER, JANE S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 AUSTRALIAN AVE. S., STE. 400	52 NAME	
STREET ADDRESS	WEST PALM BEACH FL	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 13, if changed, on an attachment with an address.

SIGNATURE: *Jane S. Goldberg*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANE S. GOLDBERGER, ASSISTANT SECRETARY
2/10/95 (407) 820-1300