

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **08/11/1992** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **65-0349727** 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

10. Name and Address of New Registered Agent

**GUTIN, KATHLEEN L.
ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVE. S., SUITE 400
W. PALM BEACH FL 33401**

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	PS	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY E.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	TCO	<input type="checkbox"/> DELETE
NAME	WAYMAN, EDWIN E.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	GUTIN, KATHLEEN L.	
STREET ADDRESS	250 AUSTRALIAN AVE., #400	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOLDBERGER, JANE S	
STREET ADDRESS	250 AUSTRALIAN AVE. S., STE. 400	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	

500001740915
03/13/96 01025-031
*****208.75**

ASB
3-12-96

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 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/5/96 (407) 820-1800
Date Daytime Phone #

CR2E034 (12/95)