

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

FILED
Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000039733 (9)
 1. Corporation Name
SMITH BARNEY PRIVATE TRUST COMPANY OF FLORIDA



Principal Place of Business 625 NORTH FLAGLER DRIVE 8TH FLOOR WEST PALM BEACH FL	Mailing Address 625 NORTH FLAGLER DRIVE 8TH FLOOR WEST PALM BEACH FL 33401-4025
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3. Date Incorporated or Qualified 06/04/1993	3a. Date of Last Report 02/16/1996
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2. Principal Place of Business 21 777 S. Flagler Drive Suite, Apt. #, etc. 22 8th Floor - East Tower City & State 23 West Palm Beach, FL Zip 24 33401	2a. Mailing Address 26 777 S. Flagler Drive Suite, Apt. #, etc. 27 8th Floor - East Tower City & State 28 West Palm Beach, FL Zip 29 33401
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4. FEI Number 65-0413973	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

John M. Kindred
243 Kenlyn Road
Palm Beach, FL 33480

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 admits 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 John M. Kindred (NOTE: Registered Agent Signature required when reinstating) DATE **1-13-97**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROSA, GEORGE
STREET ADDRESS	388 GREENWICH STREET, 39TH FLOOR
CITY - ST - ZIP	NEW YORK NY 10013
TITLE	D <input type="checkbox"/> DELETE
NAME	SUSSMAN, KENNETH
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1500
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	KINDRED, JOHN M
STREET ADDRESS	243 KENLYN ROAD
CITY - ST - ZIP	PALM BEACH FL 33480
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, HEIDI
STREET ADDRESS	388 GREENWICH STREET., 39TH FLOOR
CITY - ST - ZIP	NEW YORK NY 10013
TITLE	D <input type="checkbox"/> DELETE
NAME	JEROME, ROBERT F
STREET ADDRESS	4251 CASPER COURT
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STINCHCOMB, CARL J
STREET ADDRESS	231 SOUTHLAND ROAD
CITY - ST - ZIP	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward J. Orazem
1.3 STREET ADDRESS	110 Riverside Drive
1.4 CITY - ST - ZIP	New York, NY 10024
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard P. Trumpler
4.3 STREET ADDRESS	2 N. Tamiami Trail, 10th Floor
4.4 CITY - ST - ZIP	Sarasota, FL 34236
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	

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: John M. Kindred DATE **1-13-97** (561) 820-2364
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)