## 1-21-97 B- NC-

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000046212 (2)

PYSZKA, DOUBERLEY, BLACKMON, LEVY & SAVOLA, P.A.

Principal Place of Business Mailing Address 2665 \$ BAYSHORE DR 2665 S BAYSHORE DR GRAND BAY PLAZA. 5TH FL GRAND BAY PLAZA, 5TH FL MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 2a. Mailing Address

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1996 4. FEI Number Applied For 21 Not Applicable 26 65<del>-</del>0671148 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State \_\_ City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PYSZKA, GERARD E 2665 S BAYSHORE DR 82 Street Address (P.O. Box Number is Not Acceptable) GRAND BAY PLAZA, 5TH FL 83 MIAMI FL 33133 84 City 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 Fiorida. 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. (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ħ 1.1 TITLE Change Addition TITLE

PYSZKA, GERARD NAME 1.2 NAME 2665 S BAYSHORE DR STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DOUBERLEY, WILLIAM M NAME 2.2 NAME 2665 S BAYSHORE DR 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-SI-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BLACKMON, PHILLIP D JR NAME 3.2 NAME 2665 S BAYSHORE DR STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE LEVY, BENJAMIN D 4. 2 NAME STREET ADDRESS 2665 S BAYSHORE DR 4.3 STREET ADDRESS **MIAMI FL 33133** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SAVOLA, L H NAME 5.2 NAME 2665 S BAYSHORE DR STREET ADDRESS 5.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 13 if—tranged, or on an attachment with the information of the corporation or the receiver of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if—tranged, or on an attachment with the information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if—tranged, or on an attachment with the information indicated on the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the receiver of the receiver of the receiver of the receiver o