

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 OCT -6 AM 11:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 998006015009

1. Corporation Name
 4565 Associates, Inc.

Principal Place of Business 3310 Ponce de Leon Blvd. Suite #200 Coral Gables, FL 33134	Mailing Address 3310 Ponce de Leon Blvd. Suite #200 Coral Gables, FL 33134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02-16-98

2. Principal Place of Business 21 3310 Ponce de Leon Blvd.	2a. Mailing Address 26 3310 Ponce de Leon Blvd.
Suite, Apt. #, etc. 22 Suite #200	Suite, Apt. #, etc. 27 Suite #200
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip 24 33134	Country 25 USA
Country 29 USA	Zip 30 33134

4. FEI Number <u>65-0813227</u>	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

John R. Forbes
 3310 Ponce de Leon Blvd.
 Suite #200
 Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input type="checkbox"/> DELETE
NAME	<u>John R. Forbes</u>	
STREET ADDRESS	<u>3624 Harlano Street</u>	
CITY-ST-ZIP	<u>Coral Gables, FL 33134</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<u>President</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>John R. Forbes</u>	
1.3 STREET ADDRESS	<u>3624 Harlano Street</u>	
1.4 CITY-ST-ZIP	<u>Coral Gables, FL 33134</u>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>500003012885--9</u>	
2.3 STREET ADDRESS	<u>-10/12/99--01058--010</u>	
2.4 CITY-ST-ZIP	<u>***150.00 ***150.00</u>	
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		

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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Forbes 9-21-99 (305) 446-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)