FIL	E NOW: FILING FEE A	- FILED						
5	PROFIT RPORATION UAL REPORT 1998	Sandra B Secretar	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 23 1998 8:00am Secretary of State			
DOCH	MENT # S35772				_ Secretai	. y 0.	ιSι	ale
1. Corporation	on Name	2 (0)						
CARLS	ON & BALES, P.A.							
İ								
Principal Place of Business Mailing Address						AK OLOH BIBI I		
% FIRST UNION FINANCIAL CENTER % FIRST UNION FINANCIAL CEN								
200 S. BISCAYNE BLVD STE. 2770 200 S. BISCAYNE BLVD STE. 2 MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE	E PIHT NI E	PACE	
		IMPAINIT I E OOTO!			3. Date Incorporated or Qualified	11400		
					03/01/1991			
	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			65-0246750			ot Applicable
22 27 City & State City & State				5. Certificate of Status Desired				Additional equired
23 28					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip				,	8. This corporation owes or has pa	id the curre		
24	9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
CA	RLSON, CURTIS	Trogistered Agent	81	Name	10. Name and Address of New Re	gisterea A	gent	
FIRST UNION FINANCIAL CENTER				C)	d (D O D - N N	 		
200 S. BISCAYNE BLVD., STE. 2770				Street Add	dress (P.O. Box Number is Not Acceptate	ile)		
MU	AMI FL 33131		83					
			84	City			85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statuto	e the show	named on	receipe authorite this statement for the	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	on tanasa with, and accept the obligat	ions or, section 607.0505, Flor	rida Statute:	5.				
SIGIVATORE	Signature, typed or printed name of registered agen		: Registered Age	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	PTD CARLSON, CURTIS	☐ DELETE	1.1 TITLE			L	Change	Addition
STREET ADDRESS	200 S BISCAYNE BLVD		1.2 NAME	4000000				
CITY-ST-ZIP	MIAMI FL		1.3 STREET					
TITLE	VSD DELETE		1.4 CITY - S 2.1 TITLE	1-ZIP			Change	Addition
NAME	BALES, RICHARD M		2.2 NAME			-		
STREET ADDRESS	200 S BISCAYNE BLVD		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - 5	i i				
TITLE		DELETE	3.1 TITLE			Ĺ	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP		1 65,555	3.4. CITY-S	T-ZIP				
TITLE NAME		☐ DELETE	4.1 TITLE			L	_ Change	Addition .
STREET ADDRESS			4. 2 NAME	IDDDCCC				
CITY-ST-ZIP			4.3 STREET 4.4 CITY - S					

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 of 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:

1.7-98
305-372-9700

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change

Addition

Change Addition

DELETE

DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP