

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:05

DOCUMENT # **S90749** (0)

1. Corporation Name
1763 TAMiami CORPORATION

Principal Place of Business	Mailing Address
1601 BELVEDERE RD., S. SUITE 407 WEST PALM BEACH FL 33406 US	1601 BELVEDERE RD., S. SSSUITE 407 WEST PALM BEACH FL 33406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/30/1991	3a. Date of Last Report 03/01/1994
4. FEI Number 65-0295615	Applied For <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**GERSON, GARY N.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401**

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 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 _____ (Signature, typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent Signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	METZ, JOHN
STREET ADDRESS	1645 PALM BCH. LAKES BLVD.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	DP
NAME	MCFADDIN, LANCE
STREET ADDRESS	3033 CHIMNEYROCK, SUITE 500
CITY - ST - ZIP	HOUSTON TX
TITLE	CDS
NAME	MEYER, ARTHUR
STREET ADDRESS	1601 BELVEDERE RD 407 S
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	D
NAME	ASARCH, GAIL
STREET ADDRESS	1601 BELVEDERE RD 407 S
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	Y
NAME	MAPES, PAUL
STREET ADDRESS	1601 BELVEDERE RD., S., SUITE 407
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DP MCFADDIN, LANCE
23 STREET ADDRESS	5851 San Felipe, Suite 215
24 CITY - ST - ZIP	Houston, Tx 77057
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information located 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: B. P. Metz, Treasurer Date: 2-17-95 Office Phone #: 407-689-6601