

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

FILED

**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S90749 (0)

1. Corporation Name
1763 TAMIAMI CORPORATION



Principal Place of Business: **1601 BELVEDERE RD SUIT 407 SOUTH WEST PALM BEACH FL 33406 US**

Mailing Address: **1601 BELVEDERE RD SUIT 407 SOUTH WEST PALM BEACH FL 33406-1541 US**

3. Date Incorporated or Qualified: **10/30/1991**

3a. Date of Last Report: **03/20/1996**

4. FEI Number: **65-0295615**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (25-28): Suite, Apt. #, etc.; City & State; Zip; 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 (81-85): Name; Street Address (P.O. Box Number is Not Acceptable); City; State (FL); 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHN METZ | |
| STREET ADDRESS | 8008 S. FLAGLER COURT | |
| CITY, ST, ZIP | W. PALM BEACH FL 33405 | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | MCFADDIN, LANCE | |
| STREET ADDRESS | 5851 SAN LEIPE, SUITE 215 | |
| CITY, ST, ZIP | HOUSTON TX | |
| TITLE | CDS | <input type="checkbox"/> DELETE |
| NAME | MEYER, ARTHUR | |
| STREET ADDRESS | 1601 BELVEDERE RD 407 S | |
| CITY, ST, ZIP | W. PALM BEACH FL 33406 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ASARCH, GAIL | |
| STREET ADDRESS | 1601 BELVEDERE RD 407 S | |
| CITY, ST, ZIP | W. PALM BEACH FL 33406 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MAPES, PAUL | |
| STREET ADDRESS | 1601 BELVEDERE RD, SUITE 407 SOUTH | |
| CITY, ST, ZIP | W. PALM BEACH FL 33406 | |
| TITLE | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 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 | President <input checked="" 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 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: *Arthur Meyer* **Arthur Meyer, Secretary** 3/19/97 561-689-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)