

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V56979 (0)

1. Corporation Name
607 MISTY OAKS LANE, INC.



Principal Place of Business C/O JAMERSON, SUTTON, & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134 US	Mailing Address C/O JAMERSON, SUTTON, & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134-5832 US
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3. Date Incorporated or Qualified 08/06/1992	3a. Date of Last Report 08/29/1996
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2. Principal Place of Business & Jamerson 21 Sutton Surlas & Mullin LLP	2a. Mailing Address & Jamerson 26 Sutton Surlas & Mullin LLP
22 Suite, Apt. #, etc. 2655 Le Jeune Rd., PH-2	27 Suite, Apt. #, etc. 2655 Le Jeune Rd., PH-2
23 City & State Coral Gables, FL	28 City & State Coral Gables, FL
24 Zip 33134	25 Country USA
29 Zip 33134	30 Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAMERSON, ROBERT L JR.
 2655 LE JEUNE ROAD
 PENTHOUSE II
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	BRILLEMBOURG, ELKE	
STREET ADDRESS	% 2655 LE JEUNE ROAD	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRILLEMBOURG, RENE	
STREET ADDRESS	% 2655 LE JEUNE ROAD	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRILLEMBOURG, DAVID D	
STREET ADDRESS	% 2655 LE JEUNE ROAD	
CITY - ST - ZIP	CORAL GABLES FL 33134	
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	<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	<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 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: Elke Brillembourg **4/9/97** (305) 899-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)