

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

FILED

May 15 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 # 601038 (3)
1. Corporation Name
COLSON, HICKS, EIDSON, COLSON & MATTHEWS, P.A.

Principal Place of Business
200 S. BISCAYNE BLVD., FLOOR 47
S.E. FINANCIAL CENTER
MIAMI FL 33131-8310

Mailing Address
200 S. BISCAYNE BLVD., FLOOR 47
S.E. FINANCIAL CENTER
MIAMI FL 33131-2310



2. Principal Place of Business 21 200 S Biscayne Blvd Suite, Apt. #, etc. 22 Suite 4700 City & State 23 Miami, FL 33131 Zip 24 33131		2a. Mailing Address 25 200 S Biscayne Blvd Suite, Apt. #, etc. 27 Suite 4700 City & State 28 Miami, FL 33131 Zip 29 33131		3. Date Incorporated or Qualified 05/28/1969		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-1261170		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HICKS, WILLIAM 200 S BISCAYNE BLVD 47TH FL MIAMI FL 33131-8310				10. Name and Address of New Registered Agent 81 Name Lewis S. Eidson, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 200 S Biscayne Blvd Suite 4700 83 84 City Miami FL 85 Zip Code 33131			
---	--	--	--	---	--	--	--

11. Pursuant to the provisions of Sections 607.0102 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: *Lewis S. Eidson, Jr.* Lewis S. Eidson, Jr. 04/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEWIS S. EIDSON 200 S. BISCAYNE BLVD MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN C. COLSON 200 S. BISCAYNE BLVD MIAMI FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DEAN C. COLSON 200 S. BISCAYNE BLVD. MIAMI FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP COLSON, BILL 200 S BISCAYNE BLVD MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, WILLIAM M 200 S BISCAYNE BLVD MIAMI FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MATTHEWS, JOSEPH 200 S BISCAYNE BLVD MIAMI FL	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP MATTHEWS, JOSEPH 200 S BISCAYNE BLVD MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP		6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lewis S. Eidson, Jr.

Lewis S. Eidson, Jr., President 04/30/97 (305)373-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)