


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90220 005 \*\*\*\*61.25

0029455

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 759824**

1. Corporation Name

**BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT OF FLORIDA, INC.**

Principal Place of Business

200 S. BISCAYNE BLVD.  
2420  
MIAMI FL 33131  
US

Mailing Address

200 S. BISCAYNE BLVD.  
2420  
MIAMI FL 33131  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/28/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2119401	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**MORGENSTERN, MEL ESQ.**  
**SEMET, LICKSTEIN, MORGENSTERN, ET AL**  
**201 ALHAMBRA CIRCLE, SUITE 1200**  
**CORAL GABLES FL 33134**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	X Change
NAME	RUSSIN, PETER	1.2 NAME	P
STREET ADDRESS	200 S BISCAYNE BLVD #2420	1.3 STREET ADDRESS	Allison R. Day
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	201 S. Biscayne Blvd., Miami 33131
TITLE	D	2.1 TITLE	X Change
NAME	EATON, JOHN	2.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, STE 2850	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	X Change
NAME	SCHILLER, LISA	3.2 NAME	Schiller, Lisa
STREET ADDRESS	848 BRICKELL AVE #1100	3.3 STREET ADDRESS	848 Brickell Ave., #1100
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D	4.1 TITLE	X Change
NAME	RYAN, D. JEAN	4.2 NAME	
STREET ADDRESS	444 BRICKELL AVENUE, STE 700	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	X Change
NAME	REDMOND, PATRICIA	5.2 NAME	
STREET ADDRESS	150 WEST FLAGLER STREET, STE 2200	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	X Change
NAME	ISICOFF, LAUREL	6.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BOULEVARD, STE 2850	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	6.4 CITY-ST-ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/9/99 (305) 372-2453

Date

Daytime Phone #

CR2E037 (1/98)