


FILE NOW: FILING FEE IS \$61.25

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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90105 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 743258</b>					
1. Corporation Name <b>FLORIDA JUSTICE INSTITUTE, INC.</b>					
Principal Place of Business <b>200 S BISCAYNE BLVD STE 2870 MIAMI FL 33131-2310 US</b>			Mailing Address <b>200 S BISCAYNE BLVD STE 2870 MIAMI FL 33131-2310 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>06/14/1978</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1878598</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BERG, RANDALL C JR. 2870 FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD STE 2870 MIAMI FL 33131</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETREY, RODERICK N.		1.2 NAME	Otis Pitts	
STREET ADDRESS	701 BRICKELL AVE, SUITE 3000		1.3 STREET ADDRESS	1717 N. Bayshore Drive, Suite 2700	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN E		2.2 NAME		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD #4000		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHESTERFIELD		3.2 NAME	Smith, Chesterfield	
STREET ADDRESS	701 BRICKELL AVE SUITE 3000		3.3 STREET ADDRESS	701 Brickell Avenue, Suite 3000	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL	
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, RANDALL C. JR.		4.2 NAME		
STREET ADDRESS	200 S BISCAYNE BLVD STE 2870		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

4/26/99 (305) 358-2081

Date Daytime Phone #

CR2E037 (1/98)