

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 160188 (9)

1. Corporation Name
SCHWEBKE-SHISKIN & ASSOCIATES INC



Principal Place of Business: 3240 CORPORATE WAY MIRAMAR FL 33025
Mailing Address: 3240 CORPORATE WAY MIRAMAR FL 33025

3. Date Incorporated or Qualified: 01/12/1950
3a. Date of Last Report: 06/19/1995
4. FEI Number: 59-0606279
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: SHISKIN, JAMES P. 7015 GREENTREE LANE MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHISKIN, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISKIN, RICHARD	1.2 NAME	
STREET ADDRESS	3240 CORPORATE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	PD SHISKIN, JAMES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISKIN, JAMES	2.2 NAME	
STREET ADDRESS	3240 CORPORATE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	STD BURNS, DONALD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, DONALD	3.2 NAME	
STREET ADDRESS	3240 CORPORATE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	VPD JACKSON, ROBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROBERT	4.2 NAME	
STREET ADDRESS	3240 CORPORATE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE	VPD TELLO, ALFONSO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLO, ALFONSO	5.2 NAME	
STREET ADDRESS	3240 CORPORATE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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. (When an attachment with an address

SIGNATURE: JAMES P SHISKIN 305-435-7010

CR2E034 (12/95)