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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205918

(6)

MIAMI TRANSFER COMPANY, INC.

FILED
May 09 1997 8:00am
Secretary of State



28. Mailing Address 29. Suite, Apt #, etc. City 8 State City 8 State City 8 State Country 29. Country 29. Country 29. Name and Address of Current Registered Agent RESIDENT AGENTS CORPORATION OF FLORIDA 799 BRICKELL PLAZA 28. Mailing Address Suite, Apt #, etc. Suite, Apt #,	Date of Last Report 5/01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5,00 May Be Added to Fees ble tax under s. 199.032, No
P.O. BOX 680579 MIAMI FL 33168-0579 MIAMI FL 33168-0579 3. Date Incorporated or Qualified 09/14/1957 2. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State City & State 28 City & State 29 Country 29 Country 29 Resident Courrent Registered Agent P.O. BOX 680579 MIAMI FL 33168-0579 3. Date Incorporated or Qualified 09/14/1957 4. FEI Number 59-0622319 5. Certificate of Status Desired Florida Status Desired Trust Fund Contribution Florida Statutes Provided	\$5,01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5,00 May Be Added to Fees ble tax under s. 199.032, No
MIAMI FL 33168-0579 MIAMI FL 33168-0579 3. Date Incorporated or Qualified 09/14/1957 09	\$5,01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5,00 May Be Added to Fees ble tax under s. 199.032, No
3. Date Incorporated or Quelified 09/14/1957 0 2. Principal Place of Business 2a. Mailing Address 59-0822319 Suite, Apt #, etc. 59-0822319 Suite, Apt #, etc. 5. Certificate of Status Desired 59-0822319 City & State 6. Election Campaign Financing Trust Fund Contribution 7 Zip Country 7 Zip Country 8. This corporation has liability for intangle Florida Statutes 7 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 15 Name 16 Name 16 Name 16 Name 17 Sa. 09/14/1957 0 4. FEI Number 59-0822319 5. Certificate of Status Desired 6 6. Election Campaign Financing Trust Fund Contribution 7 8. This corporation has liability for intangle Florida Statutes 7 Plorida Statutes 7 Sa. 09/14/1957 0 10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name 16 Name 16 Name 17 Sa. 09/14/1957 0 10. Name 16 Name 17 Sa. 09/14/1957 0 10. Name 17 Sa. 09/14/1957 0 10. Name 18 Sa. 09/14/1957 0 10. Name	\$5,01/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5,00 May Be Added to Fees ble tax under s. 199.032, No
26 59-0822319 Suite, Apt #, etc. Suite, Apt #, etc. City 8 State City 8 State City 8 State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Sound Address of Current Registered Agent RESIDENT AGENTS CORPORATION OF FLORIDA Suite, Apt. #, etc. City 8 State Country Sountry S	Not Applicable \$8.75 Additional Fee Required \$5,00 May Be Added to Fees ble tax under 8. 199.032, No
Suite, Apt #, etc. Suite, Apt #, etc. City & State City & State City & State Zip Country B. This corporation has liability for intangil Florida Statutes Plorida Statutes Plorida Statutes RESIDENT AGENTS CORPORATION OF FLORIDA Sin Name Name A Rick C. SACHE	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ble tax under s. 199.032, No
Suite, Apt. #, etc. 22 City & State City & State City & State 28 Country Zip Name and Address of Current Registered Agent Name Address of New Registered RESIDENT AGENTS CORPORATION OF FLORIDA 81 Name A RESIDENT AGENTS CORPORATION OF FLORIDA	Fee Required \$5.00 May Be Added to Fees ble tax under s. 199.032, No
City & State Trust Fund Contribution City & State Trust Fund Contribution City & Country Zip Country State Trust Fund Contribution City & Country State City & Country City & Country State City & Country Country City & Country Ci	\$5.00 May Be Added to Fees ble tax under s. 199.032, No
23 28 Trust Fund Contribution 2p Country 2p Country 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent RESIDENT AGENTS CORPORATION OF FLORIDA 81 Name Address of Name and Address of Name Registered 82 Trust Fund Contribution 83. This corporation has liability for intangit florida Statutes 10. Name and Address of New Registered 84 Name Address of Name Registered 85 Name Address of Name Registered 86 Name Address of Name Registered 87 Name Registered 88 Name Registered 88 Name Registered 89 Registered 80 Name Registered 80 Name Registered 80 Name Registered 80 Name Registered 81 Name Registered 82 Registered 83 Name Registered 84 Registered 85 Registered 86 Registered 87 Registered 87 Registered 88 Registered 88 Registered 89 Registered 89 Registered 80 Registered 80 Registered	Added to Fees ble tax under s. 199.032, No
Zip Country Zip Country 8. This corporation has liability for intangit Florida Statutes Yes Statutes Yes RESIDENT AGENTS CORPORATION OF FLORIDA 81 Name Name and Address of New Registers SACTIC	ble tax under s. 199.032,
24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent - RESIDENT AGENTS CORPORATION OF FLORIDA 81 Name A RICK C. SACHE	□ No
9. Name and Address of Current Registered Agent - RESIDENT AGENTS CORPORATION OF FLORIDA 81 Name PATRICK. C. SARTHE	
- RESIDENT AGENTS CORPORATION OF FLORIDA 81 Name PATRICK. C. BARTHE	
The management of Ame	1 ,
52 Street Address (P.O. Box Jumber is 1401 Acceptable)	T, Esw
- SUITE 800	·
LUSEN FL ANDA MARE	
JR 1800	Last 7to Oada
⁸⁴ City Miomi F	L 85 Zin 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 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 alagent if am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	of changing its registered
office or registered agent, or both, in the <u>State of Florida</u> . Such change was authorized by the corporation's board of directors. I hereby accept the agent I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	ippointment as registered
SIGNATURE POTUR BONTHET 4	29 197
Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	
TIFLE DVP DELETE 1.1 TITLE	Change Addition
NAME HYDE, ROBERT J 12 NAME	
STREET ADDRESS 12573 NEW BRITTANY BLVD 1.3 STREET ADDRESS	
CTY-SI-2IP FT MYERS FL 1.4 CITY-ST-2IP 2.1 TITLE D.	Change Addition
MANY: OLIVER, SHERRILL LEDGE LETE 2.1 TITLE D. 22 NAME EUBRING HAM DHILLIP	
SURE LADDRESS SAND DOWLAGES	ν .
LUAL PALL PI	35:40
CHY-SI-78 THALEAN TE- UEL TO DELETE 3.1 TITLE D.	Change Addition
	• -
NAME -BURNER, BARBARA STREET ADDRESS 4890 UPSCOMB ST. NE SUITE#9 3.2 NAME 3.3 STREET ADDRESS 744 TIGADA BO AUC.	-
CITY-ST-ZIP CORAL GABLES FLA	33143
THE DP DELETE 4.1 TITLE	Change Addition
NAME UTVICH, MICHAEL 4.2 NAME	
STREET ACORESS 10340 N.W. 37TH AVE. 4.3 STREET ADDRESS	
CITY-ST-ZP MIAMI FL 44 CITY-ST-ZIP	
Tiful SD DELETE 51 TITLE	Change Addition
NAME UTVICH, LORNA RANDALL 52 NAME	
STHEET ADDRESS 10340 N.W. 37TH AVE. 5.3 STREET ADDRESS	
CITY-ST-7P MIAMI FL 54 CITY-ST-ZIP	
THE DVP DELETE 6.1 THE DVP	☐ Change ☐ Addition
MAME SIDDALL, BRIAN 6.2 NAME SIDDALL, DALE G.	
SIDDALL BRIAN STREET ALDRESS SIDDALL DALC G. 9606 BRYANT ROAD 6.2 NAME 5.1 DALC G. 9615 S.W. 24774 ST.	APT 315
CITY-ST-ZIP LITHIA FL 6.4 CITY-ST-ZIP M/AM1, FLA 33/6.5 14. Lide beach we could that the information supplied with this filling does not qualify for the exemption stated in Section 119 (2/3/1). Florida Statutes Liture)

If do hereity certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.67(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 betwee 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 or interest. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR PRINTED NAME OF BIGNING OFFI

4/29/97

e Priorie #