

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 316595 (8)  
1. Corporation Name  
601 CORPORATION



Principal Place of Business Mailing Address  
505 S FLAGLER DRIVE P.O. BOX 3475 WEST PALM BEACH FL 3402-475 US  
505 S FLAGLER DRIVE P.O. BOX 3475 WEST PALM BEACH FL 33402-3475 US

3. Date Incorporated or Qualified 05/09/1967  
3a. Date of Last Report 05/16/1995  
4. FET Number 59-1614212 Applied For Not Applicable  
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 2a. Mailing Address  
21 505 South Flagler Dr 26 P O Box 3475  
Suite, Apt #, etc Suite, Apt #, etc.  
22 Suite 1100 27  
City & State City & State  
23 West Palm Beach, FL 28 West Palm Beach, FL  
Zip Country Zip Country  
24 33401 25 Palm Beach 29 33402 30 Palm Beach

9. Name and Address of Current Registered Agent  
JOHN B. MCCRAKEN  
505 S. FLAGLER DR. #1100  
WEST PALM BEACH FL 33402  
10. Name and Address of New Registered Agent  
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 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 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	DVP MCCRACKEN, JOHN B. 505 S. FLAGLER DR. WEST PALM BEACH FL	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	DP ALEXANDER, LARRY B. 505 S FLAGLER DRIVE WEST PALM BEACH FL	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	S MOORE, DELANO W. 505 S FLAGLER DR WEST PALM BEACH FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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\*\*\*225.00

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. 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 changes or corrections to the appointment with an address.

SIGNATURE: W. DELANO MOORE, Secretary  
6/28/96 (541) 659-3000  
8/1/96

CR2E034 (3/96)