

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

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 316595 (8)**

1. Corporation Name  
**601 CORPORATION**

Principal Place of Business <b>505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401 US</b>	Mailing Address <b>P.O. BOX 3475 WEST PALM BEACH FL 33402-3475 US</b>
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2. Principal Place of Business 21 <b>505 South Flagler Dr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 3475</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>05/09/1967</b>	3a. Date of Last Report <b>08/06/1996</b>
22 <b>Suite 1100</b> City & State	27 <b>West Palm Beach, FL</b> City & State	4. FEI Number <b>59-1614212</b>	Applied For Not Applicable
23 <b>West Palm Beach</b> Zip	28 <b>West Palm Beach, FL</b> Zip	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 <b>33401</b>	25 <b>Palm Beach</b>	29 <b>33402</b>	30 <b>Palm Beach</b>
24 <b>33401</b>		25 <b>Palm Beach</b>	
29 <b>33402</b>		30 <b>Palm Beach</b>	

9. Name and Address of Current Registered Agent <b>JOHN B. MCCRAKEN 505 S. FLAGLER DR. #1100 WEST PALM BEACH FL 33402</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, JOHN B.	1.2 NAME	
STREET ADDRESS	505 S. FLAGLER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LARRY B.	2.2 NAME	
STREET ADDRESS	505 S FLAGLER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DELANO W.	3.2 NAME	
STREET ADDRESS	505 S FLAGLER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Delano Moore* 1/9/97 561-659-3000  
 W. Delano Moore, Secretary Date Daytime Phone #

CR2E034 (9/96)