

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **327293** (7)

1. Corporation Name  
**MCARTHUR MANAGEMENT COMPANY**

Principal Place of Business Mailing Address  
**80 SW 8TH ST SUITE 2110 MIAMI FL 33130 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **03/08/1968** 3a. Date of Last Report **04/21/1994**  
4. FEI Number **59-1205864** 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

9. Name and Address of Current Registered Agent  
**DAVIS, JEAN MCARTHUR  
80 SW 8TH ST  
2110  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name **Davis, Nancy J.**  
82 Street Address (P.O. Box Number is Not Acceptable) **80 SW 8th Street**  
83 **Suite 2110**  
84 City **Miami,** 85 Zip Code **FL 33130**

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 *Nancy J. Davis* **Nancy J. Davis** 4-1-95  
Signature (Typed or printed name of registered agent or officer if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>DAVIS, JEAN M</b>
STREET ADDRESS	<b>80 SW 8TH ST. STE. 2110</b>
CITY - ST - ZIP	<b>MIAMI FL 33130</b>
TITLE	<b>P</b>
NAME	<b>DAVIS, NANCY J</b>
STREET ADDRESS	<b>80 SW 8TH ST. STE. 2110</b>
CITY - ST - ZIP	<b>MIAMI FL 33130</b>
TITLE	<b>D</b>
NAME	<b>DAVIS, JOHN R</b>
STREET ADDRESS	<b>80 SW 8TH STE. 2110</b>
CITY - ST - ZIP	<b>MIAMI FL 33130</b>
TITLE	<b>D</b>
NAME	<b>LASKIN, LINDA D</b>
STREET ADDRESS	<b>80 SW 8TH ST. STE. 2110</b>
CITY - ST - ZIP	<b>MIAMI FL 33130</b>
TITLE	<b>D</b>
NAME	<b>YORK, JAMES D</b>
STREET ADDRESS	<b>80 SW ST. STE. 2110</b>
CITY - ST - ZIP	<b>MIAMI FL 33130</b>
TITLE	<b>SD</b>
NAME	<b>BAUGHN, WILLIAM H</b>
STREET ADDRESS	<b>80 SW ST. STE. 2110</b>
CITY - ST - ZIP	<b>MIAMI FL 33130</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Delete</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>C/P</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Mahan, Darryl</b>
3.3 STREET ADDRESS	<b>80 SW 8th Street, Suite 2110</b>
3.4 CITY - ST - ZIP	<b>Miami, FL 33130</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE: *Nancy Jean Davis* **Nancy Jean Davis** 4-14-95 305-374-8411  
Signature and Typed or Printed Name of Signing Officer or Director Date (Typed or Printed)