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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Apr 24 1997 8:00am
Secretary of State

DOCUMENT # 351146 (6)  SHANE - SUCHMAN REAL ESTATE CO.  Principal Place of Business Mailing Address  1550 MADRUGA AVE. #230 CORAL GABLES FL 33146  CORAL GABLES FL 33146  1550 MADRUGA AVENUE #230 CORAL GABLES FL 33148-3075								
JS		US			3. Date Incorporated or Qualified 08/22/1969	3a. Date of 04/12/1	Last Re	врогт
2. Principal l	Place of Business	2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number	07/14/		plied For
Suite, Apt	# ote	Surte, Apt. #, etc.	, ,	- <del></del>	59-1364685	ė.		t Applicable
Suite, Apr	, w, ctc	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	1 1 ***	5./3 A Fee Re	Additional quired
City & Sta	ate	City & State		144	Election Campaign Financing     Trust Fund Contribution		5.00 Added to	May Be
Ζφ	Country	Zip	Cour	ntry	This corporation has liability for	<del></del>		
]	25	29	30	·	Florida Statutes	Yes No	)	
- CU	Name and Address of Current ANE,MARTIN H	t Hegistered Agent		81 Name	10. Name and Address of New R	legistered Ager	IT	· · · · · · · · · · · · · · · · · · ·
	SO MADRUGA AVE.		ì				<u>-</u>	
	ITE 230		{	82 Street Add	dress (P.O. Box Number is Not Accepta	30le)		
MLA	VMI FL 33146		Ī	83				
			}	84 City		<b>P-1</b> 85	Zip (	Code
1. Pursuant	t to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	tes, the ab	nove-named cor	rooration submits this statement for the	FL Durpose of chair	naina its	s registered
	and the contract of the contra	- Control Octobron Change Was	authorized	by the corpora	ation's board of directors. I hereby accor-	ept the appointn	ioni as	. og stor op
agent. I : IGNATURE 2.	am familiar with, and accept the obligation familiar with, and accept the obligation for familiar of registered age.  OFFICERS AND	rit and title if applicable (NO			rporation submits this statement for the ation's board of directors. I hereby accounted when reinstating)  ADDITIONS/CHANGES TO OFF	DATE		
GNATURE 2.	Signature, lyned or punted name of registered ager OFFICERS AND	rit and title if applicable (NO	TE: Flegistered	d Agent signature requ		DATE ICERS AND DIR		
GNATURE  LE  ME	Signature, typical or printed name of registered ager OFFICERS AND PO SHANE,MARTIN H	Int and life if applicable (NO D DIRECTORS DELETE	13. 1.1 TH	d Agent signature requ	uired when reinstaing)	DATE ICERS AND DIR	ECTOR	IS IN 12
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information molected on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under deliber of ficer 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.