## 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

| 1. Corporation   | MENT # 456959<br>NAME CORPORATION                            | (6)  |  |  |                         |
|--|--|--|--|--|-------------------------|
| Principal Place  | e of Business  | Mailing Address  |  | - I LEBUS ANDRI DINON DINON PRINO DINON BRINO DINON DINON DINON DINON DINON  | ( <b>18</b> )           |
| LEGAL DEPT. 8TH FLOOR<br>2601 S BAYSHORE DR<br>MIAMI FL 33133-2461   |  | LEGAL DEPT. 9TH FLOOR<br>2601 S BAYSHORE DR<br>MIAMI FL 33133-5417 |  |  |                         |
|  |  |  |  | 3, Date Incorporated or Qualified 07/16/1974 3a. Date of Last Re 04/16/1996  | port                    |
| Principal Place of Business     The Principal Place of Business  |  | 2a, Mailing Address<br>26  |  | PA 48444A  | olied For<br>Applicable |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired  Fee Rec  |                         |
| City & State   |  | City & State   |  | Election Campaign Financing     Trust Fund Contribution     Added to   |                         |
| Zip  | Country  | Zip  | Country  | 8. This corporation has liability for intangible tax under s.  |                         |
| 24   | 9 Name and Address of Curre                                  | 29<br>nt Registered Agent  | 30   | Florida Statutes Yes No  10. Name and Address of New Registered Agent  | ······                  |
| LANGLEY MARCIA H   |  |  |  |  |                         |
| the state of the s |  |  | 82 Street Addre  | See (P.O. Box Number is Not Acceptable)  |                         |
| 2601 S. BAYSHORE DRIVE   |  |  | 260  | ess (P.O. Box Number is Not Acceptable)  1   |                         |
| MIAI   | MI FL 33133  |  | 83 972   | flour '  |                         |
|  |  |  | 84 City  | m FL 85 ZID 2  | ode 3/33                |
| 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  |  |  |  |  |                         |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |  |  |  |  |                         |
| SIGNATURE  | you the  |  | 1052 9. (50)   | 1dman 7/11/47  |                         |
| 12.  | Signal Typed or printed name of registered ag<br>OFFICERS AN | ID DIRECTORS   | E: Registered Agent signature require                      | d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   | 3 IN 12                 |
| TOTALE   | DP   | DELETE   | 11 TITLE V/S   | Change   | Addition                |
| NAME   | JEFFREY, THOMAS W.   |  | 1.2 NAME   | Chiman, Joel R. O. S. BAYShore AR  |                         |
| STREET ADDRESS   | 2601 S. BAYSHORE DRIVE<br>MIAMI FL                           |  | 1.3 STREET ADDRESS 2.6                                     |  |                         |
| CITY-ST-7IP<br>TITLE   | VSD  | DELETE   | 1.4 CITY-ST-ZIP  | 10 C Channe  | Addition                |
| NAME   | LANGLEY, MARCIA H.   |  | 2.2 NAME   | MARCIA H   |                         |
| STREET ADDRESS   | 2601 S. BAYSHORE DRIVE                                       |  | 2.3 STREET ADDRESS   | NEVENTANINE DIC  |                         |
| CHY-ST-ZIP   | MIAMI FL 33133   |  | 2.4 CITY-ST-ZIP M.   | AMI FC 33/33   |                         |
| TITLE  | VT IOUNIU  | ☐ DELETE   | 3.1 TITLE  | D/C/AS Change  | Addition                |
| NAME   | FISCHER, JOHN H.<br>2601 S. BAYSHORE DRIVE                   |  |  | ARIETUN, CAIIIS N. DR  |                         |
| STREET ADDRESS<br>CITY-S1-ZIP  | MIAMI FL   |  | 3.3 STREET ADDRESS 2.0<br>3.4. CITY-ST-ZIP                 | CAM. CC 33/73  |                         |
| TITLE  | VO   | DELETE   | 4.1 TiTLE  | ☐ Change   | Addition                |
| NAME   | CARLETON, CALLIS N.  |  | 4. 2 NAME  |  |                         |
| STRELT ADDRESS   | 2601 S. BAYSHORE DRIVE                                       |  | 4.3 STREET ADDRESS   |  | i<br>I                  |
| CITY - ST - ZIP  | MIAMI FL 33133   |  | 4.4 CITY - ST - ZIP  |  |                         |
| TITLE  | VAS<br>GOLDMAN, JOEL K.                                      | DELETE   | 5.1 YITLE  |  | L_] Addition            |
| NAME<br>STREET ADDRESS   | 2601 S BAYSHORE DR   |  | 5.2 NAME<br>5.3 STREET ADDRESS                             |  |                         |
| CITY - ST - ZIP  | MIAMI FL 33133   |  | 5.4 CITY-ST-ZIP  |  |                         |
| TITLE  |  | DELETE   | 6.1 TITLE  | ☐ Change   | Addition                |
| NAME   |  |  | 6.2 NAME   |  |                         |
| STREET ADORESS   |  |  | 6.3 STREET ADDRESS   |  |                         |
| City-St-Zif*   | by cortifu that the information complete                     | or with this filips dose not aust                                  | 64 CHY-SY-ZIP  | in Section 119,07(3)(i), Florida Statutes. I further certify that the  | he                      |
| informatic<br>Lam an o   | on indicated on this annual report or                        | supplemental annual report is<br>or the receiver or trustee empor  | true and accurate and that<br>wered to execute this report | in Section 1 (1976) (3) (Fibrida Statutes, 1 further certify that it my signature shall have the same legal effect as if made und as required by Chapter 607, Florida Statutes; and that my nation of the statutes is an accordance of the same legal effect as if made under the same legal effect as if made under the same legal effect as if t | ler oath; that l        |

SIGNATURE:

305.859.4071

**FILED** 

May 01 1997 8:00am

Secretary of State