PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 510106

GILBRIDE, HELLER, & BROWN, P.A.

(8)

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

FILED Mar 05 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address			I HODIAL DIKAT HIBII ADIDI HIBII BOKKO BILI B	(8)) 4) 41) 4)9)) 8)8); 8	(U))	
ONE BISCAYNE	TOWER	ONE BISCAYNE TOWER						
15TH FLOOR		15TH FLOOR	15TH FLOOR		L.			
MIAMI FL 3313	1	MIAMI FL 33131-1806			Date Incorporated or Qualified 08/01/1976	3a. Date of Las 03/08/1990		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	1 44,65,155	Applied For	
21	F. C.	26			59-1684226		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		6. Election Campaign Financing	Financing \$5.00 May Be			
23	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	1	8. This corporation has liability for in	· ·	ers. 199.032,	
24	25	29	30			Yes No		
1124	9, Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Heg	10. Name and Address of New Registered Agent		
	LER, LAWRENCE R.		٥.	Name	·	•		
ONE BISCAYNE TOWER		82	Street Ad	dress (P.O. Box Number is Not Acceptable	a)			
	1 FLOOR		83	 				
MA	VII FL 33131		[**	<u></u>				
			84	City		FL 85 Z	ip Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	tles the show	e-named co	reporation submits this statement for the pu		n its registered	
office or r	egistored agent, or both, in the State	of Florida. Such change was	authorized b	y the corpor	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment	as registered	
1	m ramear with, and accept the obliga	ations of, Section 607.0505, F	iorida Statute	S.				
SIGNATURE	Signature, typical or printed name of registered age	nt and Usio if applicable (NO	ITF: Renistered An	ent signature reg	grighted when reinstaing)	DATE		
12.	OFFICERS AND	·	13,	on my later o req	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Chang		
NAME	HELLER, LAWRENCE R.		1.2 NAME					
STREET ADDRESS	ONE BISCAYNE TOWER		1.3 STREE	ADDRESS			1	
C-TY-ST-ZIP	MIAMI FL		1.4 CITY~	ST- Z IP				
TITLE	SD	DELETE	2.1 TITLE			Chang	ge 🔲 Addition	
NAM E	GILBRIDE, JAMES F.		2.2 NAME					
STREET ADDRESS	ONE BISCAYNE TOWER		2.3 STREE	ADDRESS	•			
C-1Y - \$1 - 7IP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-	ST-ZIP				
THILE	TD	☐ DELETE	3.1 TITLE			☐ Chang	ge Addition	
NAME	BROWN, LEWIS N.		3.2 NAME	ļ				
STREET ADDRESS	ONE BISCAYNE TOWER		3.3 STREE	ADDRESS				
C(TY - S) - ZIP	MIAMI FL		3.4, CITY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE		•	L Chang	ge 🗀 Addition	
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
C(TY - \$1 - 7)P		DC: CYF	4.4 CITY - :	ST-ZIP		7 7 2	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TINE		☐ DELEYE	5.1 TITLE			☐ Chang	pe 🛄 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		·			
CITY+S1-7IP TITLE		DELETE	5.4 CITY - :	I-ZIP		Chang	e Addition	
NAMÉ		C. OLLLE	6.1 TITLE			i''') cusui	אניייון אין אַן אַן אַן אַן	
STREET ADDRESS			6.2 NAME	ADDRESS				
			6.3 STREET				}	
011Y - \$1 - 21P	as cost to that the intermation complete	(aith this bloss door not aud	6.4 CITY-S		nd in Section 119.07(2)(i) Florida Statutas	I further and full	nat the	

odoes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the noual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that writtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name r up nereby certry that the information supplied information indicated on this annual report or s I am an officer or director of the corporation of appears in Block 12 or Block 13 if chapter, o

SIGNATURE: