

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **557735** (8)

1. Corporation Name
GAINESVILLE POETRY INSTITUTE, INC.

Principal Place of Business 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33182	Mailing Address 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33182
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2. Principal Place of Business 21 2875 NE. 191 ST. Suite, Apt #, etc. Suite 500 City & State Aventura FL Zip 33180 Country USA		2a. Mailing Address 26 2875 NE. 191 ST. Suite, Apt #, etc. Suite 500 City & State Aventura FL Zip 33180 Country USA		3. Date Incorporated or Qualified 01/20/1978	3a. Date of Last Report 05/01/1996
22 Suite 500 City & State Aventura FL Zip 33180 Country USA		27 Suite 500 City & State Aventura FL Zip 33180 Country USA		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
23 Aventura FL City & State Aventura FL Zip 33180 Country USA		28 Aventura FL City & State Aventura FL Zip 33180 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33180 25 USA		29 33180 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSENTHAL, KERRY 1001 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33182		10. Name and Address of New Registered Agent 81 Name Kerry E. Rosenthal 82 Street Address (P.O. Box Number is Not Acceptable) 2875 NE. 191 ST. 83 Suite 500 84 City Aventura FL 85 Zip Code 33180	
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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: *[Signature]* DATE: **1/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME ROSENTHAL, KERRY STREET ADDRESS 1001 N MIAMI BOH, BLVD CITY - ST - ZIP N MIAMI BOH, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kerry E Rosenthal 2875 NE. 191 ST, Ste 500 Aventura FL 33180	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/24/97** 305-937-0800

CR2E034 (9/96)