

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **600077** (2)

1. Corporation Name  
**STINSON, LYONS & BUSTAMANTE, P.A.**



Principal Place of Business: % LOUIS STINSON, JR. 4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146  
Mailing Address: % LOUIS STINSON, JR. 4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date of Incorporation or Qualified: 11/29/1961  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-0666457  
5. Corporate Status: Director   
6. Election Campaign financing: Trust Fund Contribution   
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
STINSON JR., LOUIS  
4675 PONCE DE LEON BOULEVARD  
SUITE 305  
CORAL GABLES FL 33146

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.02 and 607.03, 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. Thereby accept the appointment as registered agent. I am familiar with and understand the obligations of Sections 607.02 and 607.03, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	STINSON, LOUIS JR	
STREET ADDRESS	4675 PONCE DE LEON BOULEVARD, SUITE 305	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	VD	[ ] DELETE
NAME	BUSTAMANTE, LUIS C.	
STREET ADDRESS	900 S. GAY STREET, SUITE 900	
CITY, ST, ZIP	KNOXVILLE TN 37901-0900	
TITLE	V	[ ] DELETE
NAME	PROMOFF, ADRIENNE F.	
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 407	
CITY, ST, ZIP	MIAMI FL 33131	
TITLE	VS	[ ] DELETE
NAME	TOMLIN, TRACY E.	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY, ST, ZIP	CORAL GABLES FL 33134	
TITLE	AS	[ ] DELETE
NAME	LYONS, DOUGLAS S	
STREET ADDRESS	201 ALHAMBRA CIRCLE, #711	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied to me by the signers of this filing is true and correct, 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 a person in business or profession with the corporation, and that my name appears in Block 12 or Block 13 of this report. I do hereby certify that the information is true and correct.

SIGNATURE: *[Signature]* **Louis Stinson, Jr. Pres** 1/10/96 305-667-7571  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)