

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

FILED
Apr 25 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 # 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 33146-2113
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3. Date Incorporated or Qualified 11/29/1961	3a. Date of Last Report 04/12/1996
4. FEI Number 59-0666457	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**STINSON JR., LOUIS
 4675 PONCE DE LEON BOULEVARD
 SUITE 305
 CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	44 West Flagler Street, Suite 2100
3.4 CITY-ST-ZIP	Miami FL 33130
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: _____ **Peres** **4/1/97** **305-667-7571**

CR2E034 (9/96)