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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 02 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCU 1. Corporation	MENT # 60030	9 (9)				
	LOGY ASSOCIATES OF FL	<b>\</b> /				
	LOGI NOCCONICO OI II	.0(110/1) 1110		E INDIVITATION ACTOR AND A DIVID AND A	A LENS ALAKA ALAKA BIRAH BIRAH BIRAK EKAPA LABA	
Principal Plac	ce of Business	Mailing Address			n joir graft átáir glair miair Diúit úláir 1864	
	SHORE DRIVE	2601 S. BAYSHORE DRIVE				
500   COCONUT GROVE FL 33133		500 COCONUT GROVE FL 33133		DO NOT WRITE IN THIS SPACE		
US	31016 1E 00100	US		3. Date Incorporated or Qualifie	ed	
l				12/04/1967		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	# ala	26		59-1199377	Not Applicable	
Suite, Apt	E <b>5</b> 00	Suite, Apt. #, etc. 27 SUITE 500		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year Inlangible	
24	25		30	Personal Property Tax due Ju		
<del> </del>				10. Name and Address of New	10, Name and Address of New Registered Agent	
TANNER, BARRY			81 Name	W. BARRY TANNER		
1601 \$. BAYSHORE DRIVE			82 Street A	ddress (P.O. Box Number is Not Accept S. BAYSHORE DRIV	otable)	
SUITE 1215			001		<u>r</u> ,	
COCONUT GROVE FL 33133			SUIT	E 500		
			84 City	NUT GROVE	FL 85 Zip Code B3133	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes			s, the above-named c	orporation submits this statement for th	e purpose of changing its registered	
l office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was au	ithorized by the corpo	oration's board of directors. I hereby ac	cept the appointment as registered	
SIGNATURE	al Romi	- Trans	raa olalaloo.		3/25/98	
SIGNATURE	Signature, typing of printer sand account of		Registered Agent signature re	<del></del>	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	D DILAMAN AND FO E	☐ DELETE	1.1 TITLE		L Change L Addition	
NAME STREET ADDRESS	GILMAN, MILES E 2601 S. BAYSHORE DR., ST	TE 500	1.2 NAME		:	
1	COCONUT GROVE FL.	IE. 300	1.3 STREET ADDRESS 1.4 CITY+ST-ZIP			
CITY-ST-ZIP TITLE	TS	☐ DELETE	2.1 TITLE		Change Addition	
NAME	TANNER, BARRY	<del></del>	2.2 NAME			
STREET ADDRESS	2601 S. BAYSHORE DR., ST	re. 500	2.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL		2. 4 CITY - ST- ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		f	
STREET ADDRESS	l		3.3 STREET ADDRESS			
CITY-ST-ZIP		Doctor	3.4. CITY-ST-7(P		Channe Lauren	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		1	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHTY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS		_ 1	
CITY-ST-7IP	i e		6.4 City - ST - ZIP			

14. I 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.