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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

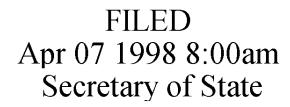
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 603661

(0)

SULLIVAN, ADMIRE & SULLIVAN, PROFESSIONAL ASSOCI ATION





Principal Place of Business Mailing Address										ILOIT EIGH IBBI
2511 PONCE DE LEON BLVD. 2511 PONCE DE LEON BLV										
CORAL GABLES FL 33134 CORAL GABLES FL 33134							DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualified 07/26/1972 			
2. Principal Pl	ace of Business	2a. Ma	iiting Address				4. FEI Number			Applied For
21		26	26				59-1408234 Not Applicab			Not Applicable
Suite, Apt.	#, elc.	Su	Suite, Apt. #, etc.					[]	\$8.75	Additional
22			27				5. Certificate of Status Desired	ш	Fee	Required
City & State)	City & State					6. Election Campaign Financing \$5.00 May Be			
23	_	28					Trust Fund Contribution Added to Fees			
Zip	Country	Country Zip Country			· · · · ·	8. This corporation owes or has paid the current year Intangible				
24	25	29		30			Personal Property Tax due Jun	e 30. 🏻 🛭	Yes	□ No
	g. Name and Address of Current Registered Agent				10. Name and Address of New Regi			egistered	Agent	
AD	MIRE, JACK G.			- [6	31	Name				
2505 PONCE DE LEON BLVD.					32	Ctroot Add	ress (P.O. Box Number is Not Accepta	blo)		
	RAL GABLES FL 33134					Olibel Addi	ress (F.O. Box Normber is Not Accepte	ibie)		
				₹	33					
				,	34	City			85 Zi	p Code
								FL		
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	end 607.1 of Florida. S tions of, Se	508, Florida Statute Such change was a ection 607.0505, Flo	es, the abo authorized orida Statu	by tes	e-named corp the corporal	poration submits this statement for the tion's board of directors. I hereby according to the control of the con	purpose of ept the app	changing ointment a	its registered as registered
SIGNATURE										
					egistered Agent signature requi			DATE	DIDECT	
12.	PO OFFICERS AND	DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFF	CERS AND	Change	
TITLE	ADMIRE, JACK G.		L'1 pricrit	1.1 1 1					L.J Change	,
NAME	2511 PONCE DE LEON BLVD.			1.2 NAM] [
STREET ADDRESS	7					ADDRESS				[/
CITY-ST-ZIP	CORAL GABLES FL		DELETE	1.4 CITY		1-ZIP		· · · · · · · ·	Change	• • • • • • • • • • • • • • • • • • •
TITLE	D OLIVER TOTAL OLIV		☐ DECEIF	2.1 TITE					L] Change	Addition (
NAME	SULLIVAN, JOHN C. JR.				2.2 NAME					
STREET ADDRESS	2511 PONCE DE LEON BLVD.			2.3 STR	EE1 /	ADDRESS				İ
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CIT		17 - ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE	D		☐ DELETE	3.1 TITE	E				Change	e Addition
NAME	ADMIRE, JOHN G.			3.2 NAM	Æ					į.
STREET ADDRESS	2511 PONCE DE LEON BLVD.			3.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL				3.4. CITY-ST-ZIP			<u> </u>		
TITLE			DELETE	4.1 T(TL	E				L Change	e [_] Addition
NAME				4. 2 NAI	ME					
STREET ADDRESS				4.3 STR	EE1 /	ADDRESS				
CITY-ST-ZIP				4.4 CITY	/-\$1	T- ZIP				
TITLE			DELETE	5.1 TITE	5.1 TITLE				Change	Addition
NAME				5.2 NAM	4E					
STREET ADDRESS				5.3 STR	EET A	ADDRESS				ļ
CITY-ST-ZIP				5.4 CITY	/- S1	1-21P				
TITLE		 	DELETE	6.1 TITL					☐ Change	Addition
NAME				6.2 NAM	1E					
STREET ADDRESS				6.3 STR	EET A	ADDRESS				ļ
CITY-ST-ZIP				6.4 CITY						
,		 								

Thereby 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.