

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

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**Feb 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 604653 (6)**  
1. Corporation Name  
**CORLETT KILLIAN, A PROFESSIONAL ASSOCIATION**



Principal Place of Business: **116 WEST FLAGLER ST. MIAMI FL 33130**  
Mailing Address: **116 WEST FLAGLER ST. MIAMI FL 33130-1505**

3. Date Incorporated or Qualified: **09/01/1973**  
3a. Date of Last Report: **01/25/1996**  
4. FEI Number: **59-1485502**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 13642 Deering Bay Dr.**  
22. Suite, Apt #, etc.: **27**  
23. City & State: **28 Miami, Florida**  
24. Zip: **25** **29 33158** Country: **30 U.S.A.**

9. Name and Address of Current Registered Agent: **KILLIAN, A DAN JR  
101 COSTA BRAVA DRIVE  
ISLAMORADA FL 33158**  
10. Name and Address of New Registered Agent: **81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CORLETT, E S III</b>		1.2 NAME	
STREET ADDRESS: <b>116 W FLAGLER STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>		1.4 CITY-ST-ZIP	
TITLE: <b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRIGSBY, ANDREW E</b>		2.2 NAME: <b>Maria Elena Morales</b>	
STREET ADDRESS: <b>116 WEST FLAGLER STREET</b>		2.3 STREET ADDRESS: <b>1992 Tindaro Drive</b>	
CITY-ST-ZIP: <b>MIAMI FL</b>		2.4 CITY-ST-ZIP: <b>Apopka, Florida 32703</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KILLIAN, DAN A JR</b>		3.2 NAME	
STREET ADDRESS: <b>116 W FLAGLER STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *E. S. Corlett, III* **E. S. Corlett, III** **1/24/97** **305-255-9298**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)