

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

|                                                                                       |                                                                                   |                                                                                                           |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b>                      |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # 657285 (3)</b><br>1. Corporation Name<br><b>GORDON JAMES, III, P.A.</b> |                                                                                   |                                                                                                           |



|                                                                                                          |                                                                                                          |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Principal Place of Business                                                                              | Mailing Address                                                                                          |
| <del>633 SOUTH FEDERAL HIGHWAY</del><br><del>P.O. BOX 14733</del><br><del>FORT LAUDERDALE FL 33302</del> | <del>633 SOUTH FEDERAL HIGHWAY</del><br><del>P.O. BOX 14733</del><br><del>FORT LAUDERDALE FL 33302</del> |

|                                |                        |                     |                        |                                                                                         |                                |
|--------------------------------|------------------------|---------------------|------------------------|-----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business |                        | 2a. Mailing Address |                        | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report        |
| 21                             | 500 East Broward Blvd. | 26                  | 500 East Broward Blvd. | 02/20/1980                                                                              | 03/10/1995                     |
| Suite, Apt #, etc              |                        | Suite, Apt #, etc   |                        | 4. FEI Number                                                                           | Applied For                    |
| 22                             | Suite 1000             | 27                  | Suite 1000             | 59-2062936                                                                              | Not Applicable                 |
| City & State                   |                        | City & State        |                        | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required |
| 23                             | Fort Lauderdale, FL    | 28                  | Fort Lauderdale, FL    | <input type="checkbox"/>                                                                | \$5.00 May Be Added to Fees    |
| Zip                            | Country                | Zip                 | Country                | 6. Election Campaign Financing Trust Fund Contribution                                  |                                |
| 24                             | 33394                  | 25                  | USA                    | <input type="checkbox"/>                                                                |                                |
| 29                             | 33394                  | 30                  | USA                    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
|                                |                        |                     |                        | <input checked="" type="checkbox"/> Yes                                                 | <input type="checkbox"/> No    |

|                                                                                                                                             |  |                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                                                                             |  | 10. Name and Address of New Registered Agent                                                                                                                                        |  |
| <del>FRANCIS B. BROGAN, JR.</del><br><del>515 EAST LAS OLAS BOULEVARD</del><br><del>SUITE 1500</del><br><del>FORT LAUDERDALE FL 33301</del> |  | 81 Name<br>Judah H. Ever<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>One Financial Plaza<br>83<br>Suite 2100<br>84 City<br>Fort Lauderdale, FL 85 Zip Code<br>33394 |  |

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, 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

Signature typed or printed of the registered agent and title if applicable

(P.O. Box Number is Not Acceptable)

(Date)

7-19-96

|                            |                      |                                                       |                                                                              |
|----------------------------|----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| TITLE                      | NAME                 | 11 TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PD JAMES III, GORDON | 12 NAME                                               |                                                                              |
| STREET ADDRESS             | 633 S. FEDERAL HWY   | 13 STREET ADDRESS                                     | 500 East Broward Blvd., Ste. 1000                                            |
| CITY-ST-ZIP                | FT. LAUDERDALE FL    | 14 CITY-ST-ZIP                                        | Fort Lauderdale, FL 33394                                                    |
| TITLE                      | NAME                 | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 22 NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 23 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                      | 24 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | NAME                 | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 32 NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 33 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                      | 34 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | NAME                 | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 42 NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 43 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                      | 44 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | NAME                 | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 52 NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 53 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                      | 54 CITY-ST-ZIP                                        |                                                                              |
| TITLE                      | NAME                 | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 62 NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 63 STREET ADDRESS                                     |                                                                              |
| CITY-ST-ZIP                |                      | 64 CITY-ST-ZIP                                        |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gordon James, III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Gordon James, III

6/29/96 9545272800  
 Date Daytime Phone #

CR2E034 (3/96)