

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

FILED

**Feb 04 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 # 660512 (5)
1. Corporation Name
WHITE & BROWN, PROFESSIONAL ASSOCIATION



Principal Place of Business: **7100 N KENDALL DR. STE 100 MIAMI FL 33156 US**
Mailing Address: **7100 N KENDALL DRIVE . STE 100 MIAMI FL 33156-7883 US**

3. Date Incorporated or Qualified: **03/26/1980**
3a. Date of Last Report: **01/23/1996**
4. FEI Number: **59-1957180**
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 9000 S.W. 152 Street Suite, Apt. #, etc. 22 Suite 102 City & State 23 Miami, FL Zip 24 33157 Country 25 US**
2a. Mailing Address: **26 9000 S.W. 152 Street Suite, Apt. #, etc. 27 Suite 102 City & State 28 Miami, FL Zip 29 33157 Country 30 US**

9. Name and Address of Current Registered Agent: **WHITE, JR. R 7100 N. KENDALL DR. 100 MIAMI FL 33156**
10. Name and Address of New Registered Agent: **81 Name B. Mackay Brown 82 Street Address (P.O. Box Number is Not Acceptable) 9000 S.W. 152 Street 83 Suite 102 84 City Miami FL 85 Zip Code 33157**

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: *[Signature]* **B. Mackay Brown, President/Director** DATE: **1/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BROWN, B. MACKAY		1.2 NAME	
STREET ADDRESS: 7450 S.W. 131 ST.		1.3 STREET ADDRESS	9000 S.W. 152 Street, #102
CITY - ST - ZIP: MIAMI FL		1.4 CITY - ST - ZIP	Miami, FL 33157
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WHITE, RICHARD M JR		2.2 NAME	
STREET ADDRESS: 6751 S.W. 94 ST.		2.3 STREET ADDRESS	9000 S.W. 152 Street, #102
CITY - ST - ZIP: MIAMI FL		2.4 CITY - ST - ZIP	Miami, FL 33157
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY - ST - ZIP:		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: *[Signature]* DATE: **1/15/97** DAYTIME PHONE #: **305-259-8200**

CR2E034 (9/96)