

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755472** (8)

1. Corporation Name

**THE BACHELORS, INC.**



Principal Place of Business <b>P.O. BOX 140611 CORAL GABLES FL 33114-0611</b>	Mailing Address <b>P.O. BOX 140611 CORAL GABLES FL 33114-0611</b>
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3. Date Incorporated or Qualified <b>12/05/1980</b>	
4. FEI Number <b>65-0313875</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>DAVIS, JAMES H 347 NE 104TH ST MIAMI SHORES FL 33138-8203</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>R. MATTHEW SHANNON</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>2930 DAY AVENUE, NO. 203</b> <b>83</b> <b>84</b> City <b>MIAMI</b> <b>FL</b> <b>85</b> Zip Code <b>33133</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *R. Matthew Shannon* **R. MATTHEW SHANNON, TREASURER** DATE **2-22-98**  
Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PD EPIANES, PETER III</b>
STREET ADDRESS	<b>2 LA GORCE CIRCLE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>TD DAVIS, JAMES H</b>
STREET ADDRESS	<b>347 NE 104TH ST</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD STRAHM, MICHAEL A</b>
STREET ADDRESS	<b>1717 BAYSHORE DR., #3752</b>
CITY-ST-ZIP	<b>MIAMI FL 33132</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>V ZAVALTA, JASON L</b>
STREET ADDRESS	<b>9905 SW 131ST STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P/D WILLIAM H. HOLLY</b>
1.3 STREET ADDRESS	<b>601 BRICKELL KEY DRIVE, SUITE 600</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T/D R. MATTHEW SHANNON</b>
2.3 STREET ADDRESS	<b>2930 DAY AVENUE, NO. 203</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V/D</b>
3.3 STREET ADDRESS	<b>1717 NORTH BAYSHORE DRIVE, NO. 3752</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Matthew Shannon* **R. MATTHEW SHANNON** DATE **2-22-98** (205) 644-1028  
Signature, typed or printed name of SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)