

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 857287

(7)

1. Corporation Name
MIAMI ELEVATOR COMPANY

Principal Place of Business

7481 NW 66TH STREET
PO BOX 520217
MIAMI FL 33152

Mailing Address

7481 NW 66TH STREET
PO BOX 520217
MIAMI FL 33152-0217

FILED
Apr 02 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MATUSON, STEVE G.
7481 NW 66TH STREET
MIAMI FL 33166

3. Date Incorporated or Qualified
08/02/1983

3a. Date of Last Report
02/12/1996

4. FEI Number

13-3165693

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

Michael P. Pace

82 Street Address (P.O. Box Number is Not Acceptable)

7481 NW 66th Street

83

84 City

Miami

FL

85 Zip Code
33166

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

Michael P. Pace
Signature, typed in print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	APPLE, JOHN B	277 PARK AVE	NEW YORK NY	<input checked="" type="checkbox"/>
DC	BAILEY, STEPHEN M	7481 NW 66 ST	MIAMI FL	<input type="checkbox"/>
D	BAILEY, GARY S.	7481 NW 66TH STREET	MIAMI FL	<input type="checkbox"/>
V	SUESSER, ALFRED	277 PARK AVE.	NEW YORK NY	<input type="checkbox"/>
P	ROGERS, ROBERT	7481 NW 66TH STREET	MIAMI FL	<input type="checkbox"/>
VT	MATUSON, STEVEN G.	7481 NW 66TH STREET	MIAMI FL	<input checked="" type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
OV	Davis, Nigel P.	6266 Hunt Road	Horn Lake, MS 38637	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DC	Bailey, Stephen M	4500 PGA Boulevard	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Bailey, Gary S.	4500 PGA Boulevard	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Rogers, Robert	4500 PGA Boulevard	Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Cottrell, Benjamin J.	7481 NW 66th Street	Miami, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 on an attachment with an address.

SIGNATURE:

Benjamin J. Cottrell
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

(305) 592-7722

Daytime Phone #

CR2E034 (9/96)