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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13441

(3)

JAMES A. DILLIAN, P.A.

Principal Piace of Business Mailing Address 9636 NE 2ND AVE 9836 NE 2ND AVE MIAMI SHORES FL 33138-2722 MIAMI SHORES FL 33138 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1980 02/06/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 999 Brickell Avenue 59-2048684 21 999 Brickell Avenue Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 555 \$8.75 Additional 5. Certificate of Status Desired Suite 555 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Miami, FL Miami, FL **Trust Fund Contribution** Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 33131 USA 33131 USA Yes No 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name A. Dillian 81 DILLIAN, JAMES A 9636 NE 2ND AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 999 Brickell Avenue 83 Suite 555 City **Miami** 84 0502 and 007.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligators of Section 607.0505, Florida Statutes. the provisions of Sections 60 11. Pursuant ed agent, or both, in agent. ⊧am fañ ar with, and accen Dillian, February 3, 1997 James A. SIGNATURA

OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PDS DELETE TITLE 1.1 TITLE Change Addition DILLIAN JAMES A NAME 1.2 NAME 999 Brickell Avenue SECRETARIOR AND A SECOND SECON SYREET ADDRESS 1.3 STREET ADDRESS Suite 555 NAME SPICERS FIX DODGE CITY - ST- ZIP 1.4 CITY-ST-ZIP <u>Miami, FL</u> 33131 DELETE TITLE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY - ST - ZIP 2 4 CITY - ST-ZIP DELETE TITLE 31 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY+ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-79 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITE F 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

4. I do hereby cyclify 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 15 if changed or on to attachment with an address.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Dillian, Feb. 3, 1997

Daytime Phone #

**FILED** 

Feb 07 1997 8:00am

Secretary of State