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

PROFIT Sep 03 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 (8)DOCUMENT # WILLIAM E. SHOCKETT, P.A. Principal Place of Business Mailing Address CITY NATIONAL BANK OF MIAMI 6TH FLOOR CITY NATIONAL BANK OF MIAMI 6TH FLOOR 25 W. FLAGLER STREET 25 W. FLAGLER STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33130 MIAMI FL 33130 3. Date Incorporated or Qualified 03/11/1981 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2086475 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes or has paid the current year Intangible Zip Yes Personal Property Tax due June 30. 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SHOCKETT, WILLIAM E., ESQ 25 W. FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) 6TH FLOOR 63 MIAMI FL 33130 85 Zip Code 84 City 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, TyperCor provided name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DELETE Change Addition 1.1 TOUR TITLE SHOCKETT, WILLIAM E. 1.2 NAME NAME 25 W. FLAGLER STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - S1 - ZIP CITY-\$1-7IF Change Addition DLLETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(1Y - S1 - Z(P CITY-ST-ZII Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 2IP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIF DITY-ST-ZIP DELETE Change Addition 5.1 TULE TOTLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CHY-S1-ZIP DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby cortify 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 trusted impowered 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 or an attachment with an oddress.

**FILED**