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

PROFIT CORPORATION ANNUAL REPORT

1997



9. Name and Address of Current Registered Agent

SIGNATURE: Solvet S. Lamort Pueder Robert S. Lamort, President

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F29921

(6)

LAMONT & NEIMAN, P.A.

LAMONT, ROBERT S.

2 SO. BISCAYNE BLVD. **MIAMI FL 33131**

ONE BISCAYNE TOWER, SUITE 3550

Principal Place of Business Mailing Address ONE BISCAYNE TOWER - SUITE 3550 ONE BISCAYNE TOWER - SUITE 3550 2 SO. BISCAYNE BLVD. MIAMI FL 33131-1806 2 SO. BISCAYNE BLVD. MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1981 02/06/1996 2. Principal Place of Business 2a. Ma Img Address 4. FEI Number 59-2095332 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zφ Country Country Ζip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29

FILED Jan 15 1997 8:00am Secretary of State



10. Name and Address of New Registered Agent

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

Applied For

Fee Required

\$5.00 May Be

Added to Fees

305-530-9400

0172723

Not Applicable

| | | 84 | | | FL . | 85 Zip | Code |
|--|------------------------|----------|--------------|-----------|-----------------------------------|---------------|----------|
| 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. Lam familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. | | | | | | | |
| SIGNATURE Signature Signa | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | RS IN 12 |
| Tille | SD | DELETE. | 1 1 TITLE | | | Change | Addition |
| NAME | NEIMAN, JAN S. | | 1.2 NAME | | | | Į |
| STREET ADORESS | 2 SO. BISCAYNE BLVD. | | 13 STREET | T ADDR | RESS | | |
| City-st-7# | MIAMI FL | | 14 CiTY - S | ST-ZIP | · | | |
| T TLF | PD | DELETE | 21 TITLE | | | Change | Addition |
| NAME | LAMONT, ROBERT S. | | 2 2 NAME | | | |] |
| STREET ADDRESS | 2 SO. BISCAYNE BLVD. | | 2.3 STREET | T ADDR | RESS | | |
| CHTY-S1-Z0F | MIAMI FL | | 2. 4 CITY- | ST - ZIF | P | | |
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| STREET ADDRESS | | | 5.3 STREET | T ADDF | RESS | | 1 |
| CITY - \$1 - ZIP | | | 54 CITY - 9 | ST - ZIP | | | |
| THILE | | DELETE | 61 TIFLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | į | 63STREET | 1 ADDF | RESS | | |
| CITY -ST-7'F | | | 6.4 CITY - 9 | | | | |
| 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 angual 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 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

81 Name

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