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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F38995

(9)

JOHN S. CHOWNING, P.A.

FILED Jan 27 1997 8:00am Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address			T NOBYTOO STOO (THAT ISTAN LOTTE TOTAL STATE BIDIT BIDIT BIDIT BIDIT BIDIT BIDIT BIDIT BIDIT BIDIT			
201 S BISCAYI 1800 MIAMI CI MIAMI FL 3313	ENTER	201 S BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131-4332							
					09/01/1981 04/09/			of Last Report /1996	
2. Principal F	Prace of Business	2a. Mailing Address			4. FEI Number			plied For	
1∤ Su-te, Apt	William Commission of the Comm	26			59-2119904			t Applicabl	
— Биле, Арт]	用, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	Fee Re	Additional equired	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be to Fees	
Zφ	Country	Zip	Country	,	8. This corporation has liability for			. 199.032,	
<u> </u>	25	29	30			Yes N			
	9. Name and Address of Cu		81	Name	10. Name and Address of New Re	gistered Age	<u>nt</u>		
	RPORATION COMPANY OF M	IAMI	(6)	Ivanie					
	S BISCAYNE BLVD		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	IO MIAMI CENTER IMI FL 33131		83						
MILA	WII FL 33131								
			84	City		FL 8	5 Zip (Code	
SIGNATURE	Signalus hypertici provinci cancept registere OFFICERS	d agent and filled applicable (NOI AND DIRECTORS	TE Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIF	RECTOR	IS IN 12	
TITLE	PSOT	☐ DELETE	1.1 TITLE	······································			Change	☐ Add₁ti	
3MAI	CHOWNING, JOHN S		1.2 NAME						
TREET ADDRESS		00 MIAMI CTR	1.3 STREE	ADDRESS					
TY-ST-ZIP	MIAMI FL	Dr. etc	1.4 CITY - 5	IT-ZIP			A		
ITLE		☐ DETELE	2.1 1ITLE	}			Change	Additi	
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OTY - ST - ZIP			2.4 CITY-	1					
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IAME			3 2 NAME			•			
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,AVE STREET ADDRESS			4. 2 NAME 4.3 STREE	ì					
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IAME			5.2 NAME						
STREET ADDRESS			5 3 STREE	ADDRESS					
HY-51-26			5.4 C/TY-5	T-ZIP				····	
Urt		☐ DETE1E	6.1 TITLE				Change	Aødili A	
IAME			6.2 NAME						
STREET ADDRESS			6.3 STREET						
City St. 2iP	1		= 6.4 CHY (1-714 1					

14. 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 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 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 in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated i

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-97

(305) 379-9108