## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORRORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

F50038

(1)

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTER SON, P.A.

| Principal Place  | of Business   | Mai'ing Address   | Mailing Address      |                     |                         |  |   |                              |                      |                  |  |
|--|---|---|----------------------|---------------------|-------------------------|--|---|------------------------------|----------------------|------------------|--|
| C/O ALLISON W. MILLER<br>150 WEST FLAGLER ST<br>MIAMI FL 33130 |   | C/O ALLISON W. MILLER<br>150 WEST FLAGLER ST<br>MIAMI FL 33130            |                      |                     |                         |  | TA. 5   |                              |                      |                  |  |
|  |   |   |                      |                     | 3                       | 3. Date Incorporated or Qualified   3a. Date of Last Report   03/06/1995 |   |                              |                      |                  |  |
| 2. Principal Place of Business 2a. Mailing Add                 |   |   | Address              |                     |                         |  | . FEI Number  |                              |                      | Applied For      |  |
| 21   |   | 26  |                      |                     |                         |  | 59-2126062  |                              |                      | Not Applicable   |  |
| Suite, Apt   | #, etc  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |                     |                         | 5  | . Certificate of Status Desired   |                              |                      | 75 Additional    |  |
| 22   |   | [27]  |                      |                     |                         |  |   |                              | Fe                   | e Required       |  |
| Oity & State   | €1  | City & State  |                      |                     |                         | 6  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |                              |                      |                  |  |
| Ζφ   | Country   | Zip   | Country              |                     |                         | 8  | . This corporation has liability fo   |                              | ıx unde              | s 199.032,       |  |
| 24   | I   |   |                      | [30]                |                         |  |   | s No                         |                      |                  |  |
|  | 9. Name and Address of Curren   | it Registered Agent   |                      | 1                   | **                      | 10   | ). Name and Address of New  | Registered                   | Agent                |                  |  |
|  |   |   |                      | 81                  | Name                    |  |   |                              |                      |                  |  |
|  | rns, Eugene e.  |   |                      |                     | Street A                | Address (F   | ress (P.Ö. Box Number is Not Acceptable)  |                              |                      |                  |  |
|  | VEST FLAGLER ST   |   |                      | -                   |                         |  |   |                              |                      |                  |  |
|  | UM TOWER  |   |                      | 83                  |                         |  |   |                              |                      |                  |  |
| MIAMI  | l FL 33130  |   |                      | 84                  | City                    |  |   | <u></u>                      | 85                   | Zip Code         |  |
| nga a  |   | 1007 1500 51 11 51 1  |                      | $\perp \perp$       |                         |  |   | <u> FL</u>                   | بلبك                 |                  |  |
| or register  | to the provisions of Sections 607.0502<br>red agent, or both, in the State of Flori<br>ith, and accept the obligations of, Sect | da. Such change was authori   | ized by the d        | corp<br>corp        | named co<br>oration's l | rporation<br>board of o  | submits this statement for the pi<br>directors. I hereby accept the ap              | urpose of ch<br>pointment as | anging n<br>register | red agent. I am  |  |
|  | itti, and assept the obligations of, sect   | ion 607.0303, Florida Statute   | <i>7</i> 3.          |                     |                         |  |   |                              |                      |                  |  |
| SIGNATURE .  | Signatine, types or posited name of registered agent  | and the d'applicable (N   | OTI: Registered      | I A yan             | it signature re         | equired when   | reinstating)  | DATE                         |                      |                  |  |
| 12.  | OFFICERS AND DIRECTORS  |   | 13.                  | 13.                 |                         |  | ADDITIONS/CHANGES TO OF   | FICERS AND                   | DIREC                | TORS IN 12       |  |
| 1 [1]  | SD  | ☐ DELETE  | 1 11                 | TLE                 |                         |  |   |                              | Chang                | ge 🔲 Addition    |  |
| NAME   | MILLER, ALISON W.   |   | 1.2 N                | 1.2 NAME            |                         |  |   |                              |                      |                  |  |
| STREET ADDRESS   | 150 WEST FLAGLER ST   |   | 1.3 STREET ADDRESS   |                     |                         |  |   |                              |                      |                  |  |
| CHY-ST-ZIP   | MIAMI FL  |   |                      | 1.4 CITY - ST - ZIP |                         |  |   |                              |                      |                  |  |
| 11/18  | PCD   | ☐ DELETE  |                      | 2 1 TITLE           |                         |  |   | ĺ                            | Chang                | ge 🔲 Addition    |  |
| NAMi   | Stearns, Eugene e   |   | 2 2 N                | 2 2 NAME            |                         |  |   |                              |                      |                  |  |
| STHUEL ACORESS   | 150 WEST FLAGLER ST   | 2 3 STREET ADDRESS  |                      |                     |                         |  |   |                              |                      |                  |  |
| CITY - ST - ZIP  | MIAMI FL  | 2.4 CITY - ST - ZIP   |                      |                     |                         | ······································                                   |   |                              |                      |                  |  |
| 10.01  | DV  | 3 1 TITLE   |                      |                     |                         |  | Į.  | Chang                        | ge 🔲 Addition        |                  |  |
| NAME   | WEISSLER, ROBERT I.   |   | 3 2 N                | 3 2 NAME            |                         |  |   |                              |                      |                  |  |
| STEEL ADDRESS  | 150 WEST FLAGLER ST.  |   | 3.3 STREET ADDRESS   |                     |                         |  |   |                              |                      |                  |  |
| CHY-ST-ZIP   | MIAMI FL  | 3 4 C   | 3 4 City-S1-ZiP      |                     |                         |  |   |                              |                      |                  |  |
| trice  | DVT   | ☐ DELETE  | 4 1 1111             |                     | į                       |  |   | ļ                            | Chang                | ge 🔲 Addition    |  |
| NAMÍ   | SITTERSON, CURTIS H.  |   | 4.2 NAM              |                     | ļ                       |  |   |                              |                      |                  |  |
| SPECEL ADDRESS   | 700 11201 1 2 11 2 11   |   |                      | 4 3 STREET ADDRESS  |                         |  |   |                              |                      |                  |  |
| CHY-St-ZIF   | MIAMI FL  | F3 oc. cr.  | 4.4.0                |                     |                         |  |   |                              | 7.0                  |                  |  |
| 1111.6   | D   | [] DELETE   | 5 1 7                |                     |                         |  |   | 1                            | Chang                | ge 🔲 Addition    |  |
| NAME   | ALHADEFF, E. RICHARD  |   |                      | 5.2 NAME            |                         |  |   |                              |                      |                  |  |
| STREET ADDRESS   | 150 WEST FLAGLER STREET   |   |                      | 5 3 STREET ADDRESS  |                         |  |   |                              |                      |                  |  |
| CIFY-S1-ZiP  | MIAMI FL  | FIGURE  | 540                  |                     |                         | D 2000   |   |                              | - T 43304            |                  |  |
| THEF   | V NEW POLICE  | DELFTE  | 6 1 7                |                     |                         |  |   |                              | Chang                | ge 🗌 Addition    |  |
| NAME   | WEAVER, RONALD L  | 62 NAME   |                      |                     |                         |  |   |                              |                      |                  |  |
| STREET ADDRESS   | 401 EAST JACKSON ST.  |   |                      |                     | ADDRESS                 |  |   |                              |                      |                  |  |
| CHY-SI-ZIP   | TAMPA FL 33602 by certify that the information supplied   | with this filing is valuated to   |                      |                     | T-ZIP                   | lifu for the   | evernotion stated in Section 11   | Q ()7/3)/k) El               | wida St              | atutes I further |  |
| certify that   | at the information indicated on this annu   | ual report or supplemental an   | nual report          | is tru              | ie and ac               | cúrate an  | d that my signature shall have th   | e same lega                  | effect a             | s if made under  |  |
| oath; that<br>appears i  | t Lam an officer or director of the corpo<br>in Block 12 or Block 13 if changed, or (   | oration or the receiver or trust<br>on an attachment with an a <u>d</u> c | tee empowe<br>dress. | ered                | to execute              | e this rep   | on as required by Chapter 607,  | rionga Statu                 | ies; and             | triat my name    |  |

**SIGNATURE:** 

MUSA THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

(305)789-3200

Daytime Phone Ir

CR2E034 (12/95)

## ADDITIONAL DIRECTORS

Brian J. McDonough 150 West Flagler Street Suite 2200 Miami, FL 33130

Vicki L. Monroe 150 West Flagler Street Suite 2200 Miami, FL 33130

Teddy D. Klinghoffer 150 West Flagler Street Suite 2200 Miami, FL 33130

Harold D. Moorefield, Jr. 150 West Flagler Street Suite 2200 Miami, FL 33130

Bradford Swing 150 West Flagler Street Suite 2200 Miami, FL 33130

Lawrence J. Bailin 401 East Jackson Street Suite 2200 Tampa, FL 33602

Alice R. Huneycutt 401 East Jackson Street Suite 2200 Tampa, FL 33602

John K. Olson 401 East Jackson Street Suite 2200 Tampa, FL 33602

Lisa K. Bennett 200 East Broward Blvd. Suite 1900 Ft. Lauderdale, FL 33301

Tom P. Angelo 200 East Broward Blvd. Suite 1900 Ft. Lauderdale, FL 33301