


4-27-98 B-5627-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003230 (6)

1. Corporation Name

HIMES ASSOCIATES, LTD. CORPORATION

Principal Place of Business

550 BILTMORE WAY  
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2455 E. Sunrise Blvd.		26 2455 E. Sunrise Blvd.		06/19/1997	
22 Suite 815		27 Suite 815		4. FEI Number	
23 Ft. Lauderdale, FL		28 Ft. Lauderdale, FL		54-1383719	
24 33304		29 33304		5. Certificate of Status Desired	
25 USA		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RODALE, KIMBERLY A  
550 BILTMORE WAY  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Kimberly A. Rodale  
82 Street Address (P.O. Box Number is Not Acceptable) 2455 E. Sunrise Blvd.  
83 Suite 815  
84 City Ft. Lauderdale FL 85 Zip Code 33304

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 typed or printed name of registered agent and title if applicable

Kimberly A. Rodale, Reg. Manager

DATE

4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	
NAME	HIMES, PUAL E	1.2 NAME	
STREET ADDRESS	10600 ARROWHEAD DRIVE STE 110	1.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22030	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	BRADLEY, KIMBERLY S	2.2 NAME	
STREET ADDRESS	10600 ARROWHEAD DRIVE STE 110	2.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFAX VA 22030	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 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 trustee 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.

SIGNATURE:

 Kimberly S. Bradley, Sec. 4/16/98 (703) 968-9155

CR2E034 (10/97)