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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # **G89279**

(5)

	NICATIONS ANALYSTS,								
Principal Place of Susiness 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER BLDG. MIAMI FL 33131			201 S. BISCAYNE BLVD. 1500 MIAMI CENTER BLDG.			1			
						 Date Incorporated or Qualified 03/05/1984 		e of Last R 2/1996	leport
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	-1	Ar	oplied For
21		26	26			59-2398076 Not Applica			ot Applicable
Suite, Apt i	#, etc	Suite, Apt. #, etc				5, Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State 23	:	City & State	i mang			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Ζ(ρ 24	Country 25	71p	30	untry	1	8. This corporation has liability for Florida Statutes		ax under s	. 199,032,
<u></u>	9. Name and Address of Cu		[00]	T		10. Name and Address of New Re			
CHO	WNING, JOHN S.			81	Name				
201 S. BISCAYNE BLVD. 1500 MIAMI CENTER BLDG. MIAMI FL 33131				82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
шим	WI I E 00101								
				84	City		FL	85 Zip	Code
11. Pursuant L office or re agent. Lar	to the provisions of Sections 607 egistered agent or both, in the S militar liar with, and accept the o	.0502 and 607.1508, Florida Sta hate of Florida. Such change wa bligations of, Section 607.0505,	itutes, the as authorize Florida Sta	abov ed by atute	e-named cor y the corpora s.	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of pt the appo	changing it intment as	ts registered registered
SIGNATURE	Stip grove, type dion printed teams of registere	d agent and title if applicable (N	NOTE: Register	ed Ap	eni signature requ	lired when re-netating)	DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
T-FLE	DP	DELETE	11	TITLE			, , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME	CHOWNING, JOHN S.		1.21	1.2 NAME					
STREET ADDRESS	261 NAVARRE AVE., #102		1.3	STREET	ADDRESS	•			
CHY-SE ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP					
THIE	☐ DELETE		2.1	2.1 11TLE				L. Change	Addition
NAME			2.2	NAME	1				
STREET ADDRESSS			2.3	STREET	ADDRESS				
Crth - St - Zith					ST · ZIP		***************************************		·····
TITLE		☐ DELETE		ntre				☐ Change	Addition Addition
NAME			3.2	NAME					
STREET ADORESS			3.3	STREET	ADDRESS				
CHY \$1-7>					ST-ZIP				
1111		☐ DELETE	4.1	TITLE	j			Change	Addition
NAME			4 2	NAME					
STREET ANDRESS		•	4.3	STREET	ADORESS				
01"V+\$1, 7/P			4.4	CITY-5	ST-ZIP				

64 CITY-ST-ZIP

14. It 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 and cated 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

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

10,6

NAM

1016

NAM:

STREET ADDRESSS CHY-SU-ZIP

STREET ACTORNS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

DELETE

DELETE

March 29, 1997 - (305) 379-9108

Addition

Addition

Change

FILED

Apr 04 1997 8:00am

Secretary of State