

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J34246** (5)  
1. Corporation Name  
**FINDLEY, INC.**



Principal Place of Business <b>ONE OAKWOOD BLVD SUITE 100 HOLLYWOOD FL 33020</b>	Mailing Address <b>ONE OAKWOOD BLVD SUITE 100 HOLLYWOOD FL 33020-1837</b>
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3. Date Incorporated or Qualified <b>09/22/1986</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>38-2693587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DONLON, ROBERT  
GABLES INTERNATIONAL PLAZA  
2855 LEJEUNE RD, STE 1101  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name <b>ROBERT DONLON</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1645 PALM BEACH LAKES BLVD., #800</b>
83. <b>UNITED NATIONAL BANK TOWER</b>
84. City <b>WEST PALM BEACH, FL</b>
85. Zip Code <b>33401</b>

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 (NOTE: Registered Agent signature required when reinstating)

3/31/97  
DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>FINDLEY, ROBERT E.</b>	
STREET ADDRESS	<b>ONE OAKWOOD BLVD. #100</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>FINDLEY, KAREN</b>	
STREET ADDRESS	<b>ONE OAKWOOD BLVD. #100</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT E. FINDLEY**

4-10-97

954.921-8333

Date

Daytime Phone #

0126488

CR2E034 (9/96)