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PROFIT Jul 08 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT #

1. Corporation Name J50283 DAVID COTTLE, P.A. Principal Place of Business Mailing Address 13899 BISCAYNE BLVD 13899 BISCAYNE BLVD SUITE 141 MIAMI FL 33181-1650 SUITE JAT MIAMI FL 33181-1650 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1986 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2440 S. FODERAL HIGHWY 26 59-2760052 Suite, Apt. #, etc Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing STUART 23 28 Trust Fund Contribution Added to Fees Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes No p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COTTLE, DAVID W. COTTLE 13899 BISCAYNE BLVD, STE 141 dress (P.O. Box Number is Not Acceptable 82 MIAM! FL 33181 S. PEDERAL HIGHWAY 83 84 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 Impiliar with, and accept the objection 607.0505, Florida Statutes. SIGNATURE (NOTE: Ringistered Agent's griature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P NAME I GHUY TITLE DELETE Change Addition COTTLE. DAVID NAME 13899-BISCAYNE BLVD GUITI STREET ADDRESS 1.3 STREET ADDRESS »C(TY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2 1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY- ST-ZIP TITLE DELETE 3 1 TITLE ... Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELE1E 4 1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 51 HILE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZIP 5 4 City - St - ZiP TITLE DOLETE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP 14. I do hereby certify that the information supplied with this filting 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 or sowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

FILED

(Sh)781-433