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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J68845

FERRELL, WILLIAMS A PROFESSIONAL ASSOCIATION

						1880) (181 (1811 (1818 (1818 (1818) 1818))	6 888
Principal Place	e of Business	Mailing Address					
201 SOUTH BISCAYNE BLVD 201 SOUTH BISCAYNE BLVD			VD.				
		SUITE 1920. MIAMI CENTE			DO NOT WE	NTE IN THIS SPACE	
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifer	,	
					04/22/1987	7 4	
Principal Place of Business Address Address					4. FEI Number	1	oplied For
21 26				<u>59-2799478</u>		ot Applicable	
		Suite, Apt. #, etc.			5. Certifcate of Status Desired	* \$8.75	Additional equired
22 27			· · · ·				
City & State City & State				6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Con	ntry	8. This corporation owes the cu		D 2 €\10
24	25 29		30		Personal Property Tax.	☐ Yes	фило
	9. Name and Address of Curren	nt Registered Agent		<u> </u>	10. Name and Address of New	Registered Agent	
,	om: 191701114 10			81 Name			-
FERRELL, MILTON M.,JR.				82 Street A	ddress (P.O. Box Number is Not Accep	table)	
201 SOUTH BISCAYNE BLVD							
Suite 1920, Miami Center			83				
MIAN	MI FL 33131			84 City		85 Zip	Code
				84 City	****	FL S	
11 Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the a	ove-named c	orporation submits this statement for the	e purpose of changing it	s registered
office or r	registered agent, or both, in the State	of Florida. Such change was a	iutnonzed	by the corpor	ation's board of directors. I hereby acc	ept the appointment as re	egistered
agent. i a	em familiar with, and accept the obliga	ilibris di, Section 607.0505, i ic	nua Stat	ites.	المراجعة الم		ļ
SIGNATURE	Signature, typed or printed name of registered ages	of and title if applicable. (NOTE	Registered	Agent signature rec	uired when reinstating)	T. ● DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFIÇERS AND DIRECT	ORS IN 12
TITLE	Ý	☐ DELETE	1.1 Ti	LE LE		☐ Change	☐ Addition
NAME	FERRELL, MILTON M., JR.		1.2 N	ME	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	BIAGNAIF BI B 4000		135	REET ADDRESS		ų.	Ì
STREET ADORESS	MIAMI FL			ry-ST-ZIP			ì
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.1 11			☐ Change	Addition
TITLE			1			<u> </u>	_
NAME			2.2 N				
STREET ADDRESS				REET ADDRESS		المستوسد ووسيات	٠. {
CITY-ST-ZIP				TY-ST-ZIP		☐ Change	Addition
TITLE		☐ DÉLETE	3.1 ∏	1		· — Ottorige	
NAME	1		3.2 N	í			}
STREET ADDRESS			3.3 S	REET ADDRESS			
CITY-ST-ZIP		·		TY-ST; ZIP			
TITLE		DELETE	4.1 TI	LE		☐ Change	☐ Addition
NAME			4. 2 N	AME			
STREET ADDRESS	,		4.3 S	REET ADDRESS			
CITY-ST-ZIP			4.4 C	TY-ST-ZIP			
TITLE		• DELETE	5.1 T				
		C DELETE	3.11	TLE		Change	☐ Addition
I NAM⊵		, bellie	5.1 N			Change	☐ Addition
NAME STREET ADDRESS			5.2 N			· Change	☐ Addition
STREET ADDRESS		, Dettile	5.2 N 5.3 S	ME		· Change	Addition Addition
		DELETE	5.2 N 5.3 S	ME REET ADDRESS TY-ST-ZIP		Change	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90015 038 ***158.75