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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84914

(6)

Mailing Address

HUGH F. CULVERHOUSE, JR., P.A.

FILED
Jan 15 1997 8:00am
Secretary of State



2 SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER STE 3599 MIAMI FL 33131		ONE BISCAYNE TOWER 3599 MIAMI FL 33131-1851 US	3599 Miami FL 33131-1851			3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1989 02/06/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			<u> </u>	4, FEI Number	05/0	··· ······	\pplied For	
21		26				65-0278014	· 		Not Applicable	
Suite, Apt 3	#, C <u>t</u> c	Suite, Apt. #, etc.	·············			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Gity & State	,	City & State	••••			Election Campaign Financing Trust Fund Contribution				
<i>Z</i> ip 24	Country 25	Ζφ 29	7p Coun 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Reg	pistered A	gent		
	CKROOT, JOHN C. JR. BISCAYNE TOWER			81	Name		•			
ONE #359			82	Street Address (P.O. Box Number is Not Acceptable)						
	Al FL 33131			83						
				84	City		FL	85 Zip	Code	
office or re	egistered agent, or both, in the milamiliar with, and accopt the	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorize orida Sta	d by tutes	the corp	corporation submits this statement for the progration's board of directors. I hereby acceptions the program of	the appo	ointment a	is registered	
12.					············	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12	
TITLE	DELETE.			1 1 TOTLE				Change	Addition	
NAME	CULVERHOUSE, HUGH F.		12 N		İ					
STREET ADDRESS	ONE BISCAYNE TOWER, I	51E. 3599	The state of the s		address					
CITY-ST-7P	MICANI FL	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition	
NAME			2.2 NAME					onego		
STREET ADDRESS				2 3 STREET ADDRESS		•				
City St Zip			2 40		S1-71F					
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	DELETE 3,1 TO					Change	Addition	
NAME.			3.2 N/							
STREET ADDRESS					ADDRESS					
C-TY - ST ZIP		DELETE	34 (41 T		ST-ZIP			Change	Addition	
NAME		[] נתננול	4 2 1					Onlange		
STREET ADDRESS I			1		ADDRESS					
CITY ST-ZiP			4		I - ZIP					
TITLE		DELETE	5.1 T					Change	Addition	
NAME			5.2 N	ame						
STREET ADDRESS			538	TREET	ADDRESS					
CITY+ST_ZIP			540	TY-S	I - 7IP					
TITLE		DELETE	6.1 1	ILE				Change	Addition	
NAME			6.2 N	AME)	
STREET ADDRESS			6.3 \$	1898 T	ADDRESS					
CITY - ST - ZIP	ny certify that the reformation Su	d ab the black of a second			T-ZIP	tated in Section 119 07(3)(i). Florida Statute	n I further	oortifu th	at the	

4. I do hereby certify that the information supported with the 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 support 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 tho seeved of trust of impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging, or of an attack nearly with an address.

SIGNATURE:

IIGNATURE AND TYPEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (305)371-3600