

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04812 (8)  
1. Corporation Name  
MIAMI-FLAGLER L.T., INC.



Principal Place of Business  
6 BRIGHTON RD.  
P.O. BOX 5108  
CLIFTON FL 07015

Mailing Address  
6 BRIGHTON RD.  
P.O. BOX 5108  
CLIFTON FL 07015-5108

3. Date Incorporated or Qualified 07/27/1989  
3a. Date of Last Report 02/01/1996

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number 22-3013545  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S DICK, DAVID	1.2 NAME	
STREET ADDRESS	6 BRIGHTON ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLIFTON NJ	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GILES, WILLIAM	2.2 NAME	
STREET ADDRESS	6 BRIGHTON ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLIFTON NJ	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP AXELROD, NORMAN	3.2 NAME	
STREET ADDRESS	6 BRIGHTON ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLIFTON NJ	3.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RICHARDS, ARTHUR V.	4.2 NAME	
STREET ADDRESS	ONE THEALL ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	RYE NY	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIR. JIM TOMASZEWSKI
STREET ADDRESS		5.3 STREET ADDRESS	6 BRIGHTON RD
CITY- ST- ZIP		5.4 CITY- ST- ZIP	CLIFTON NJ 07015
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED)  
Date 4-24-97 Daytime Phone # 201 778 1300

CR2E034 (9/96)