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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3180 PONCE DE LEON BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23432

(2)

3180 PONCE DE LEON BLVD.

Mailing Address

FREDERICK M. MAROON, P.A.

FILED May 07 1997 8:00am Secretary of State

CORAL GABLES		CORAL GABLES FL 3313 US			Date Incorporated or Qualified 10/16/1989		e of Last R 2/1996	leport
2. Principal Pl	ace of Business	2a. Mailing Address	·····		4, FEI Number		· ··	pplied For
21		26			65-0147332		No	ot Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State)	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zıp	Cou	intry	8. This corporation has liability for	intangible to	ax under s	. 199.032.
24	25	29	30			Yes 🔲		
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered A	jent	
MAR	OON, FREDERICK M			81 Name				
	PONCE DE LEON BLVD.		i	82 Street Add	ress (P.O. Box Number is Not Acceptat	nie)		
COR	AL GABLES FL 33134			Sil bot Acco	ross (1.0. box Humber is Hot Acceptate	J.O.J		
				83				
I				84 City			10¢ 7in	Code
I				84 City		FL	85 Zip	Cons
office or nagent Lar	to the provisions of Sactions 607.505 egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, F	authorize Porida Sta	d by the corporal lutes.	poration submits this statement for the p tion's board of directors. I hereby accep	pt the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NC	TE: Registere	d Agent signature requi	red when rainstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	RS IN 12
TITLE	Υ	☐ DELETE	1.1 (1	TLE .		Ţ	Change	Addition
NAME	MAROON, FREDERICK M		1.2 N	AME				
STREET ADDRESS	608 CADAGUA		1.3 \$	TREET ADDRESS				
CITY-ST-ZIF	CORAL GABLES FL	·	1.4 0	TY-ST-ZIP				
TifuE	DPVS	DELETE	2.1 1	TLE		[Change	Addition
NAME	MAROON, FREDERICK M.		2.2 N	AME				
STREET ADDRESS	608 CADAGUA		235	TREET ADDRESS				
City-S1-ZiP	CORAL GABLES FL			rty - St - ZIP				
TITLE		☐ DELETE	3.1 TI	. 1	•	L	Change	Addition
NAME			3.2 N					
STREET ADDRESS			.3.3 \$	Treet address				
City St ZiP		T BELETE		ITY-ST-ZIP			Observe	
TITLE		☐ DELETE	4.1 TO			ι	Change	Addition
NAME			4. 2 N					
STREET ADDRESS				TREET ADDRESS	•			
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TITLE		☐ DELETE	5.1 TI	1		ı	Change	TT VOCITION
NAME			5.2 N					
STREET ADDRESS				TREET ADDRESS	•			
CITY - ST - ZIP		DELETE		TY-ST-ZIP		·1	Change	Addition
TITLE			6.1 7			ı	coming	HT MOUNTON
NAME			6.2 N					
STREET ADDRESS				TREET ADORESS				
CITY - ST - ZIP			■ 64C	ITY-ST-7IP				

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:

ALOUS AND TYPES OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR ERESTORALLY M. (MARCOL) DOG

4-29-97 (305)445-5700