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

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90067 040 ***150.00

DOCUMENT # L45437

1. Corporation Name

INGHAM & COMPANY

Principal Place of Business	

Mailing Address

1570 MADRUGA AVE

1570 MADRUGA AVE

SUITE 400			SUITE 400			DO NOT WRITE IN THIS SPACE				
CORAL GABLES, FL 33146 CORAL GABLES, FL				5 3	33146	3. Date Incorporated or Qualifed				
						01/26/1990				
2.	Principal Place of Business	2a. Ma	2a. Mailing Address			4. FEI Number Appl				
21		26	16			65-0170152	Not Applicable			
22	Suite, Apt. #, etc.	Suit	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required				
23	City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees				
	Zip Country	Zip	Country			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	Yes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
INGHAM, KENNETH G 1570 MADRUGA AVE SUITE 400 CORAL GABLES, FL 33146				81	Name					
				82	Street Addres	ess (P.O. Box Number is Not Acceptable)				
				83						
				ا"						
				84	City	F	85	Zip Code		
1	Pursuant to the provisions of Sections 605 office or registered agent, or both, in the Section 1 am familiar with, and accept the company of the compan	State of Florida. Si	uch change was authorized	by t	-named corpor the corporation	ration submits this statement for the purpose of source of directors. I hereby accept the appoint	of changir pintment	ng its registered as registered		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE ☐ Change Addition TITLE 1.1 TITLE PDC NAME 1.2 NAME INGHAM, KENNETH G STREET ADDRESS 1.3 STREET ADDRESS 1570 MADRUGA AVE, SUITE 400 CITY-ST-ZIP 1.4 CITY-ST-ZIP CORAL GABLES FL 33146 Addition ☐ DELETE ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME GEORGE E ANDERTON STREET ADDRESS 2.3 STREET ADDRESS 1570 MADRUGA AVE #400 CITY-ST-ZIP CORAL GABLES FL 2. 4 CITY-ST-ZIP 33146 ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE MARC J EICHBERG 3.2 NAME 3.3 STREET ADDRESS 1570 MADRUGA AVE #400 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME LINDA M INGHAM STREET ADDRESS 4.3 STREET ADDRESS 1570 MADRUGA AVE #400 4.4 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 □ DELETE ☐ Change ☐ Addition 51 TITLE TITLE 5.2 NAME JOHN H KUHLKEN 5.3 STREET ADDRESS STREET ADDRESS 1570 MADRUGA AVE #4000 5.4 CITY-ST-ZIP CITY-ST-ZIF CORAL-GABLES-FL-33146 6.1 TITLE ☐ Addition TITLE ☐ DELETE ☐ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of supplemental annual peport 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 rustee simpowered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR George E. ANDUM

CR2E034 (11/98)