

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Matheth  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L60867 (3)**  
1. Corporation Name  
**ARGYLE ASSET MANAGEMENT CORP.**

Principal Place of Business: **C/O OLIVER J. WILLIAMS JR. 513 N.E. 73RD STREET MIAMI FL 33138**  
Mailing Address: **C/O OLIVER J. WILLIAMS JR. 513 N.E. 73RD STREET MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1990** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0197745** 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  
7. This corporation has liability for a telephone number under Chapter 407, Florida Statutes:  Yes  No

2. Previous Place of Business: 21 State Apt # etc: 22 City & State: 23 Zip: 24  
2a. Mailing Address: 25 State Apt # etc: 26 City & State: 27 Zip: 28  
29 State Apt # etc: 30 City & State: 31 Zip: 32

9. Name and Address of Current Registered Agent  
**WILLIAMS, OLIVER J. JR.  
513 N.E. 73RD STREET  
MIAMI FL 33138**

10. Name and Address of New Registered Agent  
B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 City: B4 State: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.1407, Florida Statutes, the above named corporation submits this statement for the purpose of resigning 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 607.01(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS:		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
12.1 NAME: <b>PD WILLIAMS, OLIVER J. JR.</b>	12.2 STREET ADDRESS: <b>513 N.E. 73RD ST.</b>	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY: <b>MIAMI FL</b>	12.4 STATE: <b>FL</b>	13.2 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 CITY:	12.6 STATE:	13.3 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY:	12.10 STATE:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 CITY:	12.14 STATE:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 CITY:	12.18 STATE:	13.9 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME:	12.20 STREET ADDRESS:	13.10 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 CITY:	12.22 STATE:	13.11 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 NAME:	12.24 STREET ADDRESS:	13.12 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 CITY:	12.26 STATE:	13.13 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 NAME:	12.28 STREET ADDRESS:	13.14 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 CITY:	12.30 STATE:	13.15 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.31 NAME:	12.32 STREET ADDRESS:	13.16 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 CITY:	12.34 STATE:	13.17 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.35 NAME:	12.36 STREET ADDRESS:	13.18 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.37 CITY:	12.38 STATE:	13.19 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.39 NAME:	12.40 STREET ADDRESS:	13.20 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.41 CITY:	12.42 STATE:	13.21 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.43 NAME:	12.44 STREET ADDRESS:	13.22 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.45 CITY:	12.46 STATE:	13.23 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.47 NAME:	12.48 STREET ADDRESS:	13.24 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.49 CITY:	12.50 STATE:	13.25 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.51 NAME:	12.52 STREET ADDRESS:	13.26 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.53 CITY:	12.54 STATE:	13.27 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.55 NAME:	12.56 STREET ADDRESS:	13.28 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.57 CITY:	12.58 STATE:	13.29 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.59 NAME:	12.60 STREET ADDRESS:	13.30 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.61 CITY:	12.62 STATE:	13.31 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.63 NAME:	12.64 STREET ADDRESS:	13.32 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.65 CITY:	12.66 STATE:	13.33 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.67 NAME:	12.68 STREET ADDRESS:	13.34 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.69 CITY:	12.70 STATE:	13.35 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.71 NAME:	12.72 STREET ADDRESS:	13.36 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.73 CITY:	12.74 STATE:	13.37 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.75 NAME:	12.76 STREET ADDRESS:	13.38 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.77 CITY:	12.78 STATE:	13.39 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.79 NAME:	12.80 STREET ADDRESS:	13.40 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.81 CITY:	12.82 STATE:	13.41 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.83 NAME:	12.84 STREET ADDRESS:	13.42 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.85 CITY:	12.86 STATE:	13.43 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.87 NAME:	12.88 STREET ADDRESS:	13.44 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.89 CITY:	12.90 STATE:	13.45 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.91 NAME:	12.92 STREET ADDRESS:	13.46 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.93 CITY:	12.94 STATE:	13.47 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.95 NAME:	12.96 STREET ADDRESS:	13.48 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.97 CITY:	12.98 STATE:	13.49 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.99 NAME:	12.100 STREET ADDRESS:	13.50 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is truthful, correct and not qualified for the exemption stated in Section 119.02(1)(d), Florida Statutes. I further certify that the information included on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in the county that I am an officer or director of the corporation or the person or persons who have control over the report, as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with this filing.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/25/95 (315) 758 8512