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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76154
CRAIG THOMAS DOWNS, P.A.

(8)

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Apr 08 1	997	8:00am
Secreta	ary o	f State

269 GIRALDA 300 CORAL GABL		Mailing Address 269 GIRALDA AVENUE 300 CORAL GABLES FL 331	34-5002					
US		US	US		Date Incorporated or Qualified 05/25/1990	3a. Date 05/01	of Last R /1996	eport
2. Principal	Place of Business	2a. Mailing Address 26		4	, FEI Number 65-0201987		<u> </u>	oplied For of Applicable
Suite, Ap	it #, etc	Suite, Apt. #, etc.	7.5.	5	, Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
Gity & Sta	ate	City & State		6	. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25	Zip 29	Country 30		. This corporation has liability for Florida Statutes	intangible ta	x under s No	
	g. Name and Address of Currer	nt Registered Agent		10	Name and Address of New Re	glatered Ag	ent	
	raig T. Downs		81 Na	ame Cr	aig F. Downs			
	O SEVILLA AVENUE		82 St		P.O. Box Number is Not Acceptate	ole)		
CC	DRAL GABLES FL 33134			2	69 Giralda Aven	ue		
			83					
			84 Ci	tv			85 Zip (Code
			1 1 "		ral Gables	- L i	1 2 2	1124
11, Pursuan	nt to the provisions of Sections 607.050 r registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida Sta	tutes, the above-na	med corporation's	on submits this statement for the p	ourpose of ch	nanging it Itment as	s registered registered
agent. I	am familiar with, and accept the oblig	ations of Section 607.0505.	Elorida Statutas	COIPOIANONS	DOGICE OF CITEDOOS. I THOUSEN &COO	prina appoii	minori) as	registorea
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	Signature, typica in printed name of registered age	ent and title if applicable (N	IOTE Registered Agent sig		on reinstating)	7/ Z	190	7
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0180280