FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # M05583 (3)

1. Corporation Name
THE GANNON MANAGEMENT COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
12515 NORTH KENDALL DRIVE SUITE 430 MIAMI FL 33186 US	12515 NORTH KENDALL DRIVE SUITE 430 MIAMI FL 33186 US

3. Date Incorporated or Qualified: 09/24/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2460560 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

GREENE, ROBERT
12515 NO KENDALL DR
SUITE 430
MIAMI FL 33186

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *Robert Greene* ROBERT GREENE DATE 4-26-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GREENE, ROBERT	
STREET ADDRESS	12515 NO KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	☐ DELETE
NAME	FRANKE, WILLIAM E.	
STREET ADDRESS	12541 BENNINGTON PL	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	☐ DELETE
NAME	COLEMAN, SYBIL C	
STREET ADDRESS	12515 NO KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	DISHON, DIANE	
STREET ADDRESS	12541 BENNINGTON PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VD	☐ DELETE
NAME	SHIPLEY, JOHN W.	
STREET ADDRESS	12541 BENNINGTON PL.	
CITY-ST-ZIP	ST.LOUIS MO	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Diane E. Dishon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANE E. DISHON

Date: 4-26-96 Daytime Phone #: 314-576-9600