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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M05583 (3)  
1. Corporation Name  
THE GANNON MANAGEMENT COMPANY OF FLORIDA



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

Mailing Address  
12515 NORTH KENDALL DRIVE  
SUITE 430  
MIAMI FL 33186-1853  
US

3. Date Incorporated or Qualified 09/24/1984  
3a. Date of Last Report 05/01/1996  
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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	1/D	<input type="checkbox"/> DELETE
NAME	GREENE, ROBERT	
STREET ADDRESS	12515 NO KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	FRANKE, WILLIAM E.	
STREET ADDRESS	12541 BENNINGTON PL.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	#	<input type="checkbox"/> DELETE
NAME	COLEMAN, SYBIL C	
STREET ADDRESS	12515 NO KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DISHON, DIANE	
STREET ADDRESS	12541 BENNINGTON PLACE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHIPLEY, JOHN W.	
STREET ADDRESS	12541 BENNINGTON PL.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ADD DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRBS / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TERCY L PAEST / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1430 BLUEBIRD	
6.3 STREET ADDRESS	ST. LOUIS MO 63144	
6.4 CITY-ST-ZIP		

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: *[Signature]* DIANE E. DISHON

4-21-97

314-576-9650

CR2E034 (9/96)