

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

[Handwritten initials]

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # M29301 (2)

1. Corporation Name
GREER, HOMER & BONNER, P.A.

Principal Place of Business 3400 INTERNATIONAL PLACE 100 SE 2ND STREET MIAMI FL 33131 US	Mailing Address 3400 INTERNATIONAL PLACE 100 SE 2ND ST MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 27	28 City & State
23 Zip 25	Country 29
24 Zip 25	Country 30

3. Date Incorporated or Qualified 03/21/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2648226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BONNER, R. LAWRENCE
 3400 INTERNATIONAL PLACE
 100 SE 2ND STREET
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNER, LAWRENCE R. 10201 SW 55TH AVENUE MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HOMER, PETER W. 640 SUNSET CIRCLE KEY BISCAVAYNE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 ****165.00 ****165.00

14. 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 in this filing as an attachment with an address.

[Handwritten signature]

CR2E034 (4/97)

HOMER & BONNER, P.A.

INTERNATIONAL PLACE
34TH FLOOR
100 SOUTHEAST 2ND STREET
MIAMI, FLORIDA 33131

R. LAWRENCE BONNER
ANNETTE G. CIL
JAY A. GAYOSO
HAAS A. HATIC
PETER W. HOMER
LAWRENCE B. LAMBERT
JENIFER YOUNG PFLEGER
MAYDA PREGO
GREGORY J. TRASK
LORELEI J. VAN WEY
MARC A. WITES
BLAINE R. YOUNG

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JOSEPH A. HANCZOR
OF COUNSEL

RICHARD B. SALZMAN
OF COUNSEL

SENDER'S DIRECT NUMBER: (305) 350-51

July 15, 1997

Divisions of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Greer, Homer & Bonner, PA
DOC. # M29301

On March 11, 1997, we sent a payment of \$165.00 for our filing fee with the State. Upon receipt of your past due notice today, our research has determined that this payment has not cleared our bank probably lost in the mail. Attached is our copy of the check originally issued to you in March. We are also including a replacement check for same and would appreciate if you would waive the late charges included in the past due statement due to these unforeseen circumstances. We thank you in advance.

Thank you,



Jose Hernando
Controller