FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M55343

(1)

COLL DAVIDSON CARTER SMITH SALTER & BARKETT, PROFESSIONAL ASSOCIATION

Principal Place of Business		Mailing Address			F INDIADS OUT DESET DIAGNATURE DINDO SILI MINDI ALDIT MINDI ANDIS AND SOUT SOUT		
C/O VANCE E. SALTER 3200 MIAM CENTER. 201 S. BISCAYNE BLVD. MIAMI FL 33131-2312		C/O VANCE E. SALTER 3200 MIAM CENTER. 201 S. BISCAYNE BLVD. MIAMI FL 33131					
US		US			 Date Incorporated or Qualified 07/10/1987 	3a. Date of Last P 03/04/1996	leport
	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26		59-2819139 Not Applicable			
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	1 1 7 7	Additional equired	
City & Stat	6	City & State			& Florier Compaign Financing		May Be
23	v	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zιρ	Country	Zip	Country	/	8. This corporation has liability for i		
24	25	29 3	30			Yes No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
SAL	TER, VANCE E.		81	Name			
201 S. BISCAYNE BLVD.			B2	Street Add	iress (P.O. Box Number is Not Acceptab	ile)	
3200 MIAMI CENTER			_				
MIA	MI FL 33131		83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the abov	e-named cor	poration submits this statement for the p	urnose of changing i	ts registered
agent. La	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Such change was au gations of, Section 607 0505, Flori	thorized b da Statute	y the corpora s.	ation's board of directors. I hereby accept	ot the appointment as	registered
SIGNATURE	Manager and Control of the Control o						
12.	Signature ityped or printed harve of registered as OFFICERS AN	nent and little in applicable (NOTE) ND DIRECTORS	13,	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CONTRACTOR	20 IN 12
TITLE	DV	DELETE	1.1 TITLE	<u>γ</u>	ADDITIONS/CHANGES TO CITTIC	Change	Addition
NAME	COLL, NORMAN A.		1.2 NAME			•	
STREET ADDRESS	201 S BISCAYNE BL #3200		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY -	ST-ZIP			
TITLE	DV	DELETE	2.1 TITLE			Change	Addition
NAME	DAVIDSON, BARRY R.		2.2 NAME				
STREET ADDRESS	201 S BISCAYNE BL #3200		23 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FI.	DE . 675	2. 4 CITY-	ST-ZIP			77.00
TITLE	OV CARTER FRANCIS I	☐ DELETE	3.1 TITLE			L Change	Addition
NAME	CARTER, FRANCIS L.		3.2 NAME				
STREET ADDRESS	201 S BISCAYNE BL #3200			T ADDRESS			
CITY-ST-ZIP	MIAMI FL DP	DELETE	3.4 CITY- 4.1 TITLE	51-ZIP		☐ Change	☐ Addition
NAME	SMITH, RICHARD C.	Last present	4. 2 NAME			Onungo	
STREET ADDRESS	201 S BISCAYNE BL #3200			T ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 City-				
TITLE	DS	DELETE	51 TITLE	V. Ell		Change	Addition
NAME	SALTER, VANCE E.		52 NAME	1			
STREET ADDRESS	201 S BISCAYNE BL #3200		5 3 STREE	T ADDRESS			
CITY - S1 - ZIP	MIAMI FL		5.4 CITY	ST-ZIP			
TITLE	DT	DELETE	6.1 TITLE		A STATE OF THE STA	Change	Addition
NAME	BARKETT, JOHN M.		6.2 NAME				
STREET ADDRESS	201 S BISCAYNE BL #3200		6.3 STREE	T ADDRESS			
1	AMARA CI		1				

SIGNATURE:

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 if changed, or on an attachment with an address,