


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

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M55343 (1) 1. Corporation Name COLL DAVIDSON CARTER SMITH SALTER & BARKETT, PROFESSIONAL ASSOCIATION					
Principal Place of Business C/O VANCE E. SALTER 3200 MIAM CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131-2312 US			Mailing Address C/O VANCE E. SALTER 3200 MIAM CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131-2312 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/10/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2819139 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. 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 SALTER, VANCE E. 201 S. BISCAYNE BLVD. 3200 MIAM CENTER 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLL, NORMAN A.		1.2 NAME		
STREET ADDRESS	201 S BISCAYNE BL #3200		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, BARRY R.		2.2 NAME		
STREET ADDRESS	201 S BISCAYNE BL #3200		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, FRANCIS L.		3.2 NAME		
STREET ADDRESS	201 S BISCAYNE BL #3200		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RICHARD C.		4.2 NAME		
STREET ADDRESS	201 S BISCAYNE BL #3200		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALTER, VANCE E.		5.2 NAME		
STREET ADDRESS	201 S BISCAYNE BL #3200		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKETT, JOHN M.		6.2 NAME		
STREET ADDRESS	201 S BISCAYNE BL #3200		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. I 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: Vance E. Salter 2-2-98 (305) 373-5200

CR2E034 (10/97)