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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N01735 (2)

1. Corporation Name
THE DR. M. LEE PEARCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
8701 SW 137TH AVE. STE. 300 MIAMI BEACH FL 33183 US	8701 S.W. 137TH AVE. STE. 300 MIAMI BEACH FL 33183-4498 US

3. Date Incorporated or Qualified: 03/01/1984
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 11880 Bird Road
Suite, Apt. #, etc.
22 #201
City & State
23 Miami, Florida
Zip 24 33175 Country 25 USA

2a. Mailing Address
26 11880 Bird Road
Suite, Apt. #, etc.
27 #201
City & State
28 Miami, Florida
Zip 29 33175 Country 30 USA

4. FEI Number: 59-2424272 ☐ 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

9. Name and Address of Current Registered Agent

MUDD, JOHN
8701 S.W. 137TH AVE.
STE. 300
MIAMI BEACH FL 33183

10. Name and Address of New Registered Agent

81 Name: John Mudd
82 Street Address (P.O. Box Number is Not Acceptable): 11880 Bird Road
83: Suite #201
84 City: Miami FL 85 Zip Code: 33175

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE John Mudd 4/11/97
Signature, typed or printed name of registering 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	VD	☐ DELETE	1.1 TITLE	D	☐ Change XX Addition
NAME	DOUGLAS, CHARLES		1.2 NAME	Colvin, Rick	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA		1.3 STREET ADDRESS	200 First St., S.W.	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	Rochester, MN 55905	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	XX Change ☐ Addition
NAME	ACHOR, ROBERT L.		2.2 NAME	Achor, Robert L.	
STREET ADDRESS	8701 SW 137TH AVE., #300		2.3 STREET ADDRESS	8701 S.W 137th Ave., #300	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Miami, Florida	
TITLE	D	☐ DELETE	3.1 TITLE	VT	☐ Change XX Addition
NAME	HINKLE, CLIFF		3.2 NAME	WIENER, A.B.	
STREET ADDRESS	8701 S.W. 137TH AVE., #300		3.3 STREET ADDRESS	8701 S.W. 137th AVE., #300	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	D	☐ DELETE	4.1 TITLE	AST.ST	XX Change ☐ Addition
NAME	THOMAS, MARY		4.2 NAME	THOMAS, MARY	
STREET ADDRESS	8701 S.W. 137TH AVE., #300		4.3 STREET ADDRESS	8701 S.W. 137TH AVE., #300	
CITY-ST-ZIP	ROCHESTER MN		4.4 CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	VD	☐ DELETE	5.1 TITLE	VS	XX Change ☐ Addition
NAME	MUDD, JOHN		5.2 NAME	MUDD, JOHN	
STREET ADDRESS	8701 S.W. 137TH AVE., #300		5.3 STREET ADDRESS	8701 S.W. 137TH AVE., #300	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEARCE, M. LEE		6.2 NAME		
STREET ADDRESS	8701 S.W. 137TH AVE., #300		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED John Mudd 4/11/97 (305)383-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0033604