

FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N05130** (2)

1. Corporation Name

**TREASURY MANAGEMENT ASSOCIATION OF SOUTH FLORIDA  
, INC.**

Principal Place of Business

Mailing Address

DEPARTMENT #210435  
MIAMI FL 33121

DEPARTMENT #210435  
MIAMI FL 33121

3. Date Incorporated or Qualified

**09/13/1984**

4. FEI Number

**59-2452478**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAREY, SHAUN L  
1050 CARIBBEAN WAY  
C/O ROYAL CARIBBEAN CRUISES LTD  
MIAMI FL 33132**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

**JOBSON, CURT**

STREET ADDRESS

**C/O BARNETT BANK, 701 BRICKELL AVE**

CITY-ST-ZIP

**MIAMI FL**

TITLE

VD

☒ DELETE

NAME

**DEBASIO, DAVID**

STREET ADDRESS

**SUN BANK MIAMI-777 BRICKELL AVE.**

CITY-ST-ZIP

**MIAMI FL 33131**

TITLE

TD

☐ DELETE

NAME

**CAREY, SHAUN L**

STREET ADDRESS

**C/O ROYAL CARIBBEAN 1050 CARIBBEAN WAY**

CITY-ST-ZIP

**MIAMI FL**

TITLE

RSD

☐ DELETE

NAME

**GIBSON, ANTJE**

STREET ADDRESS

**C/O ROYAL CARIBBEAN, 1050 CARIBBEAN WAY**

CITY-ST-ZIP

**MIAMI FL**

TITLE

CSD

☐ DELETE

NAME

**CALLEIRO, ANA**

STREET ADDRESS

**C/O AMSTAR INSURANCE, 3401 NW 82ND AVE**

CITY-ST-ZIP

**MIAMI FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

4/22/98

CR2E037 (10/97)