

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 024 ****61.25

DOCUMENT # N05130

Corporation Name

TREASURY MANAGEMENT ASSOCIATION OF SOUTH FLORIDA
, INC.

Principal Place of Business

DEPARTMENT #210435
MIAMI FL 33121

Mailing Address

DEPARTMENT #210435
MIAMI FL 33121



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			

9. 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 Curt D. Jobson
82 Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, 13 Floor
83 C/O Bank of America
84 City Fort Lauderdale FL 85 Zip Code 33394

I, 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 reinstating)

DATE

8/26/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD JOBSON, CURT C/O BARNETT BANK, 701 BRICKELL AVE MIAMI FL	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
WE	VD ETHERIDGE, LAURA SUN BANK MIAMI-777 BRICKELL AVE. MIAMI FL 33131	1.2 NAME	Jobson, Curt
REET ADDRESS		1.3 STREET ADDRESS	NationsBank, One Financial Plaza, 13 Floor
Y-ST-ZIP		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33394
LE	TD CAREY, SHAUN L C/O ROYAL CARIBBEAN 1050 CARIBBEAN WAY MIAMI FL	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
WE		2.2 NAME	Patricia Castellanos
REET ADDRESS		2.3 STREET ADDRESS	SunTrust, 777 Brickell Ave, 4th Floor
Y-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33131
LE	RSD GIBSON, ANTJE C/O ROYAL CARIBBEAN, 1050 CARIBBEAN WAY MIAMI FL	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
WE		3.2 NAME	Rossana Shepard
REET ADDRESS		3.3 STREET ADDRESS	First Union, 200 S. Biscayne Blvd., 15 Floor
Y-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33131
LE	CSD CALLEIRO, ANA C/O AMSTAR INSURANCE, 3401 NW 82ND AVE MIAMI FL	4.1 TITLE	Recording Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
WE		4.2 NAME	Melanie McNab
REET ADDRESS		4.3 STREET ADDRESS	Knight-Ridder, Inc., One Herald Plaza
Y-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33132
LE		5.1 TITLE	Corresponding Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
WE		5.2 NAME	Wendi Lichwiarz
REET ADDRESS		5.3 STREET ADDRESS	Carnival Cruise Lines, 3655 NW 87 Avenue
Y-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33178
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99

Date

(954) 765-2517

Daytime Phone #

0012947

CR2E037 (5/99)