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NONPROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

ASSOCIATION OF PUBLIC CORPORATIONS, INC.

FILED May 06 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address										
701 BRICKELL A	IVE.	C/O LESLIE J. CROLAND				ł						
SUITE 2000			701 BRICKELL AVENUE #2000 MIAMI FL 33131-2860 US				İ					
MIAMI FL 33131							3. (Date Incorporated or Qualified 10/17/1985	od 3a. Date of Last Report 07/30/1996			
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number			Applied For	
21			26					59-2645179 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional	
22			27							Fee	Required	
City & State			City & State					Election Campaign Financing	· _ +0.00, 20			
23	Zip Country		28				Trust Fund Contribution					
Zip	├ ─┐ ¯ ¯	ountry	Žip	\vdash	untry		- 1	This corporation has liability fo	r intangible □ Yes 🗶		s. 199.032,	
24	25 Name and A	ddress of Current I	29 Registered Agent	30				Florida Statutes Name and Address of New F				
	g, Italiio ario A	doides of Carton	togistorea Agent		81	Name	10.	100000000000000000000000000000000000000		- John		
MILES D	COLOTEDED ACE											
WLMC REGISTERED AGENTS, INC.			82 S			Street Add	ddress (P.O. Box Number is Not Acceptable)					
701 BRICKELL AVE. Suite 2000												
MIAMI FL 33131						City			FL	65 Zi	p Code	
11 Pursuant t	n the provisions of	Sections 617 0502	and 617 1508. Florida Statu	tes the a	l l	-named co	ornoration	submits this statement for the	nurpose of	changing	its registered	
l office or re	egistered agent, or	both, in the State of	Florida. Such change was ons of, Section 617.0503, Fl	authorize	ed by	the corpor.	ration's bo	oard of directors. I hereby acc	ept the app	ointment a	as registered	
	m familiar with, and	accept the obligati	ons of, Section 617.0503, Fi	iorida Sta	autes							
SIGNATURE	Signature, typed or printer	d name of registered agont	and trie if applicable (NO	TE: Register	ed Age	nt signature req	quired when	reinstating)	DATE			
12.		OFFICERS AND	DIRECTORS	13			A	DDITIONS/CHANGES TO OFF	TOERS AND	DIRECTO	OR\$ IN 12	
TITLE	D		☐ DELETE	1.11	TITLE					Change	e 🔲 Addition	
NAME	PEKOR, ALLEI	121		NAME								
STREET ADDRESS	C/O 700 NW		1.3 STREE									
CITY-ST-ZIP	MIAMI FL 3317		1,4 CiT									
TITLE	PD		☐ DELETE	2.1	TITLE					☐ Chang	e 🔲 Addition	
NAME	HONIG, BURT	ON A.		2.2 NAME								
STREET ADDRESS	59 80 MIAMI L	akes dr.		2.3 STR		ADDRESS						
CITY-ST-ZIP	MIAMI LAKES	FL 33014		2. 4	CITY-S	ST - ZIP						
TITLE	SD		☐ DELETE	3.1	TITLE					Chang	e 🛄 Addition	
NAME	Croland, Le			3.2	NAME							
STREET ADDRESS	701 BRICKELL			3,3	STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 331	31	<u> </u>	3,4.	CITY-S	ST - ZIP	.,					
TITLE	TD		☐ DELETE	4.1	TITLE					Chang	e 📙 Addition	
NAME	CONNOR, JOI			4.2	NAME							
STREET ADDRESS	2 S. BISCAYN	4,3 5			ADDRESS							
CITY-ST-ZIP	MIAMI FL 331	31			CITY-S	7-ZIP				FT A:		
TITLE	VD_		XX DELETE		TITLE					Chang	e 🔲 Addition	
NAME	MCDOWELL, (NAME							
STREET ADDRESS	% 14201 N.W.					ADDRESS						
CITY-ST-ZIP	MIAMI LAKES	FL 33014	——————————————————————————————————————		CITY - S	T-ZIP					. [7] . 220.	
TITLE			☐ DELETE		TITLE					Chang	e 🔲 Addition	
NAME					NAME							
STREET ADDRESS				6.3	STREET	ADDRESS						
CITY-ST-ZIP	.,,	,	101 46 4 FD		CITY-S			-1' 440 07(0)(" El 11 6: :				
i 14. I do heret	ny certify that the in	tormation supplied:	with this filing does not aua	lity for th	e exe	mption stat	ted in Sec	ction 119.07(3)(i), Florida Statu	ites. I furthe	r certify th	eat the I	

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 chapted, or on an attachment with an address.