


FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26717 (1)
1. Corporation Name
BRICKELL AREA ASSOCIATION, INC.



Principal Place of Business 600 BRICKELL AVE SUITE 600 MIAMI FL 33131 US	Mailing Address 600 BRICKELL AVE SUITE 600 MIAMI FL 33131 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/01/1988	4. FEI Number 65-0077257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. 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 GREEN, THOMAS TAYLOR & MATHIS 777 BRICKELL AVE., SUITE 610 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HERSH, BARRY
STREET ADDRESS	100 SE 2 STREET, SUITE 2200
CITY-ST-ZIP	MIAMI FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	COCKRUM, LORETTA
STREET ADDRESS	609 BRICKELL STE 600
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WHIPPLE, JEAN
STREET ADDRESS	520 BRICKELL KEY
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, J. MEGAN
STREET ADDRESS	501 BRICKELL KEY DR #102
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	TIETJEN, EDWARD
STREET ADDRESS	4385+ SW 106 STREET 18500 SW 78P.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	T <input type="checkbox"/> DELETE
NAME	GREEN, THOMAS
STREET ADDRESS	777 BRICKELL AVE., SUITE 610
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN HOLZBERG
1.3 STREET ADDRESS	1177 Kane Concourse
1.4 CITY-ST-ZIP	DAY HARBOR FL 33154
2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE
2.3 STREET ADDRESS	600 BRICKELL AVE, SUITE 600
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	# 600
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	T Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1850 SW 78P.
5.4 CITY-ST-ZIP	MIAMI FL 33157
6.1 TITLE	D Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Thomas Green* Treasurer 4/29/98 305-755-4000

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