

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000630 (1)

1. Corporation Name

HISTORIC PEDESTAL PRESERVATION FUND, INC.



|   |                           |   |               |   |                                       |
|---|---------------------------|---|---------------|---|---------------------------------------|
| Principal Place of Business<br>2524 CASTILLA ISLE<br>FT LAUDERDALE FL 33301 |                           | Mailing Address<br>2524 CASTILLA ISLE<br>FT LAUDERDALE FL 33301-1505            |               | 3. Date Incorporated or Qualified<br>10/23/1995   | 3a. Date of Last Report<br>06/18/1996 |
| 2. Principal Place of Business<br>21  | 2a. Mailing Address<br>26 | 4. FEI Number<br>65-0625029   |               | Applied For<br>Not Applicable   |                                       |
| Suite, Apt. #, etc.<br>22   | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired <input type="checkbox"/>                       |               | \$8.75 Additional Fee Required  |                                       |
| City & State<br>23  | City & State<br>28        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |               | \$5.00 May Be Added to Fees   |                                       |
| Zip<br>24   | Country<br>25             | Zip<br>29   | Country<br>30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|  |  |  |  |   |             |
|--|--|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent<br>HESS, GEROGE F II<br>333 N NEW RIVER DRIVE EAST<br>SUITE 2000<br>FT LAUDERDALE FL 33301 |  |  |  | 10. Name and Address of New Registered Agent          |             |
| 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
|----------------------------|---------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | PD                              | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HESS, DIANE                     |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 2524 CASTILLA ISLE              |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33301          |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | VD                              | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | TERRY, DEE                      |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 1402 E LAS OLAS BLVD, SUITE 702 |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33301          |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | SD                              | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | FRASER, JULIA                   |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 119 SE 12TH AVENUE, APT #2      |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33301          |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | TD                              | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | MCCREA, STEPHEN                 |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 2314 DESOTA DRIVE               |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33301          |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                                 | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                                 |                                 | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                                 | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |                                 | 6.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |                                 | 6.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                                 |                                 | 6.4 CITY-ST-ZIP                                       |                                 |                                   |

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: Diane Hess DIANE HESS  
DATE: 4/29/97 (954) 622-2418  
Daytime Phone # 0035205

CR2E037 (9/96)