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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P32796 (5)

1. Corporation Name
AINSLEY CRESCENT CORPORATION

Principal Place of Business
6440 NORTH BAY RD.
MIAMI BEACH FL 33141-4516
US

Mailing Address
6440 NORTH BAY RD.
MIAMI BEACH FL 33141-4516
US



3. Date Incorporated or Qualified 02/12/1991
3a. Date of Last Report 01/23/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 13-5616089 | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip Country | | 28 Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |

9. Name and Address of Current Registered Agent

SQUAID, ROBERT G.
6440 NORTH BAY RD.
MIAMI BEACH FL 33141

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/31/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | VSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SQUAID, GEORGE | 1.2 NAME | |
| STREET ADDRESS | 1111 CRANDON BLVD. #B1201 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SQUAID, GEORGETTE | 2.2 NAME | |
| STREET ADDRESS | 1111 CRANDON BLVD. #B1201 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | 2.4 CITY-ST-ZIP | |
| TITLE | PTD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SQUAID, ROBERT G. | 3.2 NAME | |
| STREET ADDRESS | 6440 NORTH BAY RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141-4516 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 3/31/97 DAYTIME PHONE: 305-867-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)