

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 03 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 # P37633 (5)**  
1. Corporation Name  
**BILTMORE ACQUISITION CORP.**



Principal Place of Business: **6700 N ANDREWS AVE SUITE 500 FT LAUDERDALE FL 33309**  
Mailing Address: **6700 N ANDREWS AVE SUITE 500 FT LAUDERDALE FL 33309-2165**

3. Date Incorporated or Qualified: **02/25/1992**  
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business (21-24):  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address (26-29):  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

4. FEI Number: **65-0332157**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85):  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* **President** DATE: **1/10/97**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>LOEWENSTERN, ELLIOT</b>          |                                 |
| STREET ADDRESS | <b>6700 N ANDREWS AVE, STE 500</b>  |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>             |                                 |
| TITLE          | <b>STD</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>BRONSON, RICHARD B</b>           |                                 |
| STREET ADDRESS | <b>6700 N ANDREWS AVE, STE. 500</b> |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL</b>             |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> DELETE |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 on an attachment with address.

SIGNATURE: *[Signature]* DATE: **1/28/97** (954) 351-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)