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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023832 (7)

LAWRENCE P. BEMIS, P.A.

<u></u>							<del>-</del>									
Principal Place of Business				Mailing Address						( ************************************		11101 101		118119		
200 & BISCAYNE BOULEVARD SUITE 4000 MIAMI FL 33131-2398				200 S BISCAYNE BOULEVARD SUITE 4000 MIAMI FL 33131-2398												
									3. Date Incorporated or Qualified 3a. Date of Last Re 03/30/1993 05/01/1996							
Principal Place of Business     1				2a, Mailing Address 26						4, FEI Number Applic 65-0401137 Not Applic						For licable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					- · · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired S8.75 Additional Fee Required						
City & State				City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip Country							Country			8.	This corporation has liability for					
24	25 9, Name and Address of Current			29 30						Florida Statutes X Yes No  10. Name and Address of New Registered Agent						
DEN	IIS, LAWRE	Current He	Bieresea 1	egent		 81	N		10.	, Name and Address of New H	gistered	Agent				
	S BISCAYN	ס				82			pos /DC) Dou Number in Not Accord 11.							
SUITE 4000 MIAMI FL 33131-2398								31		ress (P.O. Box Number is Not Acceptable)						
							83									
							84	C	ity			FL	85	Zip (	Code	
11. Pursuant office or r agent. La	to the provisi registered ag am familiar wit	ions of Sections ( ent, or both, in the th, and accept the	607.0502 an ne State of f ne obligation	d 607,150 lorida. Suc s of, Secti	8. Horida Sta th change wa on 607.0505.	tutes, the is authoriz Florida S	abov ed b	e∍na y the s.	med corpo corporation	oratio on's b	on submits this statement for the board of directors. I hereby acco	ourpose of pl the app	i chang ointme	ging it ont as	s regist	stered lered
SIGNATURE																
12.	Signature, typed	or printed name of reg	RS AND DI		4) ald	IOTE: Registe		ent sig	nature require		a reinstating) ADDITIONS/CHANGES TO OFFI	PERC AND	DIDE	CTOB	141.9	10
TITLE	D	0/1/0	TIO ZIMEZ EZI	ne o rons	DEFFIE		11116	·			ADDITIONS/CHANGES TO OFFI	JENS AND	DINE			Addition
NAME	BEMIS, L	AWRENCE P				12	NAME							Ü		
STREET ADDRESS 200 S BISCAYNE BLVD., SUITE				4000 1.3			1.3 STREET ADDRESS									
DITY-ST-ZIP MIAMI FL 33131-2398						1.4	1.4 C(TY - S1 - 7)P									
TALE					DELFTE		HILE						∐ Cr	iange		Addition
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STREET ADDRESS CITY-ST-ZIP							I STREET 4 day-									
TITLE					DELETE		TILLE	31-11					☐ Ch	nange	П	Addition
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TITLE					☐ DELF1E	1	TITLE							ange	<u>.</u>	Addition
NAME							2 NAME									
STREET ADDRESS							STREET									
CITY-ST-ZIP TITLE					DELETE		CITY-S	51 - ZIF	<del> </del>			····	☐ Ch	ianoe	$\neg \neg$	Addition
NAME							NAME							8.	· '	TO BRIDGE
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CITY-ST-ZIP							CITY-S		1							
TITLE					DELETE	6.4	10116					<del></del>	☐ Ch	ange		Addition
NAME						6.2	NAME									
STREET ADDRESS						6.3	STREET	ADDI	RESS							

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 eath; 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 an address.