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

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023832 (7)

LAWRENCE P. BEMIS, P.A.

Principal Place of Business Mailing Address 200 S BISCAYNE BOULEVARD 200 S BISCAYNE BOULEVARD SUITE 4000 SHITE 4000 DO NOT WRITE IN THIS SPACE MIAMI FL 33131-2398 MIAMI FL 33131-2398 3. Date Incorporated or Qualified 03/30/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0401137 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible X Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEMIS, LAWRENCE P 200 S BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **SUITE 4000** 83 MIAM! FL 33131-2398 84 City Zip Code 85 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, typical or product range of registerest agent and time it applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE NAME BEMIS, LAWRENCE P 1.2 NAME 200 S BISCAYNE BLVD., SUITE 4000 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131-2398 CITY-ST-ZIP 1.4 City - St - 7/P Change DELETE Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP

14. I hereby certify that the information supplied with this bling does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 an address

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE: X X aurono P. Brown

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

1/31/98

CR2E034 (10/97)

Change

Addition

FILED

Feb 13 1998 8:00am

Secretary of State