

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000070027 (6)

1. Corporation Name

DEERWOOD PLACE CORPORATION



Principal Place of Business

12515 N. KENDALL DRIVE
SUITE 430
MIAMI FL 33183

Mailing Address

12515 N. KENDALL DRIVE
SUITE 430
MIAMI FL 33183

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

ROBERT P. GREENE
12515 N. KENDALL DRIVE, SUITE 430
MIAMI FL 33186

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
05/01/1995

4. FET Number
65-0440540

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 607.1503, 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

Robert Greene

ROBERT GREENE

4-26-96

CAH

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WILLIAM E. FRANKE
STREET ADDRESS 12515 N. KENDALL DRIVE, SUITE 430
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME GREENE, ROBERT P
STREET ADDRESS 12515 NO. KENDALL DRIVE, SUITE 430
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME WEYGANDT, DAVID W
STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 430
CITY-ST-ZIP MIAMI FL

TITLE S
NAME DISHON, DIANE E
STREET ADDRESS 12515 NP. KENDALL DRIVE SUITE 430
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE:

Diane E. Dishon
DIANE E. DISHON

4-26-96

314-576-9600

CR2E034 (12/95)