## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000085262 (2)

ADLER	MANAGEMENT COMPANY				1 183 (18 8) (18 18 18 18 18 18 18 18 18 18 18 18 18 1	l <b>es</b> eli obio: !	DÍÐI ÐHAÐ HÆND ÐHAÐ HÆN IÐ	ılı
Deinalmal Bloom	of Durings	Molling Address		<del></del>				
Principal Place of Business Mailing Address 2600 DOUGLAS RD. 2600 DOUGLAS RD.								
STE 510 STE 510								
MIAMI FL 331	34	MIAMI FL 33134			DO NOT WR			
					3. Date Incorporated or Qualifie		Date of Last Report	
O Delmained Di	on of Durings	A Mailie a Address			12/09/1993 4. FEI Number	0	5/01/1996	
2. Principal Place of Business 2a. Mailing Address 21				65-0454596		Applied Fo	cable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Addition Fee Required	ıal	
City & State	City & State City & State				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	, 🗀	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has	paid the c	urrent year Intangible	,
	29		30					
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New	Registere	1 Agent	
	BBINS, CHARLES D		81	Name				
777 BRICKELL AVE STE 900			82	Street Add	ress (P.O. Box Number is Not Accep	table)		
1	MI FL 33131		83					
			84	City		F	85 Zip Code	
44 Diversit	to the new injury of Sections 607 0602	and CO7 1509 Florida Statu	loc the abov	(a-named corr	poration submits this statement for th	A DUITOOSA	of changing its regist	ered
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agont				red when reinstaling)	DATE	iponitriient as register	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP	<del>-</del>					Change Ad	dition
NAME	ADLER, DAVID		1.2 NAME					
STREET ADDRESS	MANALEI OO404		1.3 STREET ADDRESS			÷		
CITY-ST-ZIP	DP 1 EX DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			·	Change Ad	ddition
TITLE	ADLER DAVID		2.7 MILE 2.2 NAME	:			المراقي والمالوني	
STREET ADDRESS	ARRA PRIMI AC DD CTE EAR			T ADDRESS				
CITY-ST-ZIP	MIAMI FL\33134		2. 4 CITY	1		-		
TITLE	DP S// DELETE		3.1 TITLE	J, J.,			Change Ad	dition
NAME	ADLER, DAMD		3.2 NAME					
STREET ADDRESS	2600 DOUGLAS RD. STE 510	7//	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL/33134		3.4. C(1Y-	-ST-ZIP				
TITLE	DP /	DELETE	4.1 TITLE		•		☐ Change ☐ Ad	ddition
NAME	ADLER, DAVID \ //		4. 2 NAME					
STREET ADDRESS	2890 DOUGLAS RD. STE 510	,	4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33134		4.4 CITY-					ddition
TITLE	AS DELETE		5.1 TITLE				Change Ac	ddition
NAME	ROBBINS, CHARLES D.		5.2 NAME					
STREET ADDRESS	LHALL EL GOAGA			T ADDRESS				
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE				Change Ac	ddition
TITLE NAME	DELETE		6.2 NAME				۱۱۰ لیے ۱۷ سید	
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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 an address.

6.3 STREET ADDRESS

de

**FILED** 

Aug 20 1997 8:00am

Secretary of State