

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000043412 (3)
 1. Corporation Name:
BARNETT BANK PREMISES COMPANY - BOCA LYONS



Principal Place of Business 50 N LAURA ST MAIL CODE 099 000 1468 JAX FL 32202 US	Mailing Address 50 N LAURA ST. ATTN: REG. RELATIONS JACKSONVILLE FL 32202-3664 US
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3. Date Incorporated or Qualified 05/27/1994	3a. Date of Last Report 04/12/1996
4. FEI Number 59-3250784	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
GRAF, JEFFREY K
50 N LAURA ST
MAIL CODE 099 000 1468
JAX FL 32202

10. Name and Address of New Registered Agent
 81 Name
Gary W. England
 82 Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
 83 Mail Code
099-000-0907
 84 City
Jacksonville, FL 85 Zip Code
32202

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: *Gary W. England* (NOTE: Registered Agent signature required when reinstating) DATE: **2-12-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DV	<input type="checkbox"/>
NAME	SMITH, DAVID R JR.	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/>
NAME	GRAF, JEFFREY K	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JAX FL	
TITLE	P	<input type="checkbox"/>
NAME	GHOMESHI, MEHDI	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JAX FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	SCHALLER, MARGARET P	
STREET ADDRESS	1101 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/>
NAME	BLANKSTEIN, ALAN	
STREET ADDRESS	801 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	V	<input type="checkbox"/>
NAME	AKINS, ROY	
STREET ADDRESS	1000 CENTURY PK	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 an address.

SIGNATURE: *David R. Smith* DATE: **2-7-97** DAYTIME PHONE #: **904-791-5004**

CR2E034 (9/96)