

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000002864 (3)**

1. Corporation Name
6400 CONGRESS POINT, INC.

600001812786
-05/08/96--01027--004
***200.00



Principal Place of Business: **6400 N. ANDREWS AVENUE FORT LAUDERDALE FL 33309**
Mailing Address: **6400 N. ANDREWS AVENUE FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **01/11/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0547802**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**GRAGG, K. LAWRENCE
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Duke, Bryan W.**
82 Street Address (P.O. Box Numbers Not Acceptable): **6400 N. Andrews Ave.
5th Floor**
83 City: **Ft. Lauderdale** 85 Zip Code: **FL 33309**

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: _____ DATE: **1/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STILES, TERRY W		1.2 NAME: Stiles, Terry W.	
STREET ADDRESS: 6400 N. ANDREWS AVENUE		1.3 STREET ADDRESS: 6400 N. Andrews Ave.	
CITY-ST-ZIP: FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33309	
TITLE: _____	<input type="checkbox"/> DELETE	2.1 TITLE: VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		2.2 NAME: Eagon, Douglas P.	
STREET ADDRESS: _____		2.3 STREET ADDRESS: 6480 N. Andrews Ave.	
CITY-ST-ZIP: _____		2.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33309	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		3.2 NAME: Palmer, Stephen R.	
STREET ADDRESS: _____		3.3 STREET ADDRESS: 6400 N. Andrews Ave.	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33309	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		4.2 NAME: Schlegel, Patricia J.	
STREET ADDRESS: _____		4.3 STREET ADDRESS: 6400 N. Andrews Ave.	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33309	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		5.2 NAME: Stine, James W.	
STREET ADDRESS: _____		5.3 STREET ADDRESS: (same address)	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		6.2 NAME: Coffey, Kevin	
STREET ADDRESS: _____		6.3 STREET ADDRESS: (same address)	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	7.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: _____		7.2 NAME: Duke, Bryan W.	
STREET ADDRESS: _____		7.3 STREET ADDRESS: (same address)	
CITY-ST-ZIP: _____		7.4 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 supplementary 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 person or persons 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: _____ DATE: **5/1/96**

CR2E034 (12/95)