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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000096540 (6)

PADGETT, SHAW & ASSOCIATES, P.A.

i moipari ac	e of business	Maining Address					
2511 PONCE D SUITE 344 2	DE LEON BLVD 209	2511 PONCE DE LEON BLVD SUITE 344. 209					
CORAL GABLE		CORAL GABLES FL 33134-60	)96				
N	ew Suite Number	New Suite Number 2a. Mailing Address 26 2511 Ponce de Leon Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/21/1995	lified 3n. Date of Last Report 04/26/1996		
2. Principal P	lace of Business	La. Mailing Address	/	.,,,,,,,,,	4. FEI Number	1	Applied For
21 25/	1 Ponce de Leon Blu	25 2511 Ponce	00 101	on Blut	65-0631368	-	Not Applicable
Suite, Apt.	#. etc.	Suite Apt. #, etc.	AL ALL	M CHYO		\$8	.75 Additional
22 SU/	te 209	27 Suite 209			5. Certificate of Status Desired		ee Required
City & State		City & Risto			& Floation Companies Figureian		5.00 May Be
23 CORa		28 Coral Gable	a Fl	prida	Election Campaign Financing     Trust Fund Contribution		dded to Fees
Zip	Country	7ip	Country		This corporation has liability for in		
24 33134	4 25 U.S.		o U.			langibie iax ui Yes ☐ No	idel s. 199.032,
241	n Name and Address of Current		U (27 )	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	<u> </u>	
CHA		10:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SHAW, RICHARD L				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE SHE							
COF	RAL GABLES FL 33134		83				
			84	City		<b></b> 85	Zip Code
				L			•
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named corpo	pration submits this statement for the pr	urpose of chang	ging its registered
office or registered agent, or both, in the State of Fforida. 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, Fforida Statutes.							
SIGNATURE							
Signature, typed or partied name of registered agent and face if appticable in INOTE Registered Agent signature required when reinstating).							
12.	OFFICERS AND	NEW 2 TO THE RESERVE OF THE PARTY OF THE PAR	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	P	☐ DELETE	1.1 TillE			CI	nange Addition
NAME	SHAW, RICHARD		1.2 NAME				
STREET ADDRESS	2511 PONCE DE LEON BLVD #	314 <i>20</i> 9	1.3 STREE	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		14 City-3	S1 - 7/P			
TITLE		DELETE	21 1HTLE			☐ C+	ange Addition
NAME			2.2 NAME				
STREET ADORESS				ADDRESS			
			•	· ]			
CITY-ST-ZIP TITLE		DELETE	2.4 CHY- 3.1 THEE	\$1-70'		□ CI	nange 🔲 Addition
		L DECEM				_ U	ionge L_I Modition
NAME			3.2 NAME	]			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST - ZiP			·-·
TITLE		☐ DELETE	4.1 TITLE		•	☐ Cr	ange L_  Addition
NAME			4. 2 NAME	j			
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP	<u></u>		4.4 C(1) - 3	S1 - ZIP			
TITLE		☐ DELETE	51 TITLE			CI	nange 🔲 Addition
NAME			5.2 NAME	ł			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CHY-5				İ
TITLE		DELETE	GA TITLE	31 - AH		□ CI	ange Addition
		La Micell	ſ	1			ongo L_ Routton
NAME			6.2 NAME				]
STREET ADDRESS			6.3 STREE	ADDRESS			
	1		_				

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 eath; that I am an officer or director of this corporation or the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name