

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

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**Feb 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000087890 (5)**

1. Corporation Name  
**MIZNER CORPORATE CENTER, INC.**



Principal Place of Business  
**433 PLAZA REAL SUITE 275 BOCA RATON FL 33432**

Mailing Address  
**433 PLAZA REAL SUITE 275 BOCA RATON FL 33432-3999**

3. Date Incorporated or Qualified <b>10/24/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0702509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent  
**SHAPRIO & DECTOR, P.A.  
7777 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name <b>Mark St. Juste</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>433 Plaza Real, Ste. 275</b>	
84 City <b>Boca Raton</b>	85 Zip Code <b>FL 33432</b>

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: *Mark St. Juste* **Mark St. Juste, CEO** DATE: **2/5/97**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ST. JUSTE, MARK</b>	
STREET ADDRESS <b>433 PLAZA REAL, STE 275</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HARRIS, PAUL</b>	
STREET ADDRESS <b>433 PLAZA REAL, STE 275</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>CEO/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Mark St. Juste</b>	
1.3 STREET ADDRESS <b>433 Plaza Real, Ste. 275</b>	
1.4 CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mark St. Juste* **Mark St. Juste, CEO** DATE: **2/5/97** (561)362-5242  
(Signature, typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)