

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

FILED
Apr 24 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 # P96000088860 (7)

1. Corporation Name
BEST, SHUMINER & LYONS, P.A.

Principal Place of Business
2685 SOUTH BAYSHORE DRIVE
SUITE 1206
COCONUT GROVE FL 33133

Mailing Address
2685 SOUTH BAYSHORE DRIVE
SUITE 1206
COCONUT GROVE FL 33133-5462



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0445996		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROCHA, VICTOR
2685 SOUTH BAYSHORE DRIVE
SUITE 1206
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

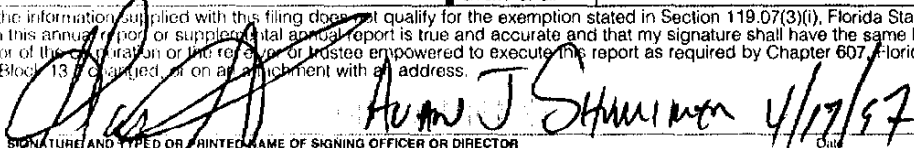
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	BEST, JAMES C	1.2 NAME	
STREET ADDRESS	2685 SOUTH BAYSHORE DRIVE, SUITE 1206	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL 33133	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	SHUMINER, ALAN J	2.2 NAME	
STREET ADDRESS	2685 SOUTH BAYSHORE DRIVE, SUITE 1206	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL 33133	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	LYONS, CHRISTOPHER G	3.2 NAME	
STREET ADDRESS	2685 SOUTH BAYSHORE DRIVE, SUITE 1206	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE FL 33133	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 registered agent 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:


Signature and Typed or Printed Name of Signing Officer or Director
Alan J. Shuminer 4/17/97

Daytime Phone: _____

CR2E034 (9/96)