

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

FILED

Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000029197 (5)

1. Corporation Name
LOGAN & HIBNICK, P.A.

Principal Place of Business Mailing Address
X 115 GRANDON BLVD. #C-202 X 115 GRANDON BLVD. #C-202
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149
Museum Tower, Suite 2150
150 West Flagler St., Miami, Florida 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/01/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0742816
24 Country	29 Country	Applied For
	30	Not Applicable

9. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBNICK, CYNTHIA B.	12 NAME	Hibnick, Cynthia Barnett
STREET ADDRESS	799 BRICKELL PLAZA STE 900	13 STREET ADDRESS	Museum Tower, Suite 2150
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	150 West Flagler Street
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	Miami, Florida 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, STEWART W.	22 NAME	
STREET ADDRESS	799 BRICKELL PLAZA STE 900	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	D
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Logan, Stewart W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Museum Tower, Suite 2150
STREET ADDRESS		33 STREET ADDRESS	150 West Flagler Street
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, Florida 33130
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	100002480891 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-04/07/98--01015--021
STREET ADDRESS		63 STREET ADDRESS	***150.00
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: Cynthia Barnett Hibnick

3-16-98 (305) 374-4242

CR2E034 (10/97)