


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

**FILED**

**Feb 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000050698 (4)**

1. Corporation Name  
**THERREL BAISDEN, P.A.**



Principal Place of Business <b>1411 LINCOLN RD. MALL. STE. 500 MIAMI BEACH FL 33139</b>	Mailing Address <b>1411 LINCOLN RD. MALL. STE. 500 MIAMI BEACH FL 33139.</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>SunTrust International Center</b>		2a. Mailing Address <b>SunTrust International Center</b>		3. Date Incorporated or Qualified <b>06/05/1997</b>	
21. Suite, Apt. #, etc. <b>One S.E. 3rd Ave. #2400</b>		26. Suite, Apt. #, etc. <b>One S.E. 3rd Ave. #2400</b>		4. FEI Number <b>65-0774635</b>	
22. City & State <b>Miami, Florida</b>		27. City & State <b>Miami, Florida</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>33131</b>		28. Zip <b>33131</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country <b>USA</b>		29. Country <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M  
1411 LINCOLN RD. MALL, STE. 500  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name <b>SunTrust International Center</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>One S.E. 3rd Avenue, #2400</b>
83. City <b>Miami</b>
84. State <b>FL</b>
85. Zip Code <b>33131</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>STANTON, FRED R</b>	
STREET ADDRESS <b>1411 LINCOLN RD. MALL, STE. 500</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DANIELS, NICHOLAS M</b>	
STREET ADDRESS <b>1411 LINCOLN RD. MALL, STE. 500</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ROSE, ELLEN</b>	
STREET ADDRESS <b>1411 LINCOLN RD. MALL, STE. 500</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33139</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>One S.E. 3rd Avenue, Suite 2400</b>	
1.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS <b>One S.E. 3rd Avenue, Suite 2400</b>	
2.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS <b>One S.E. 3rd Avenue, Suite 2400</b>	
3.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
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	
6.2 NAME	
6.3 STREET ADDRESS <b>300002437143</b>	
6.4 CITY-ST-ZIP <b>-02/23/98--01004--020 ***158.75</b>	

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: *[Signature]* **1/19/98**

CF2E034 (10/97)