

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90119 021 ***150.00

DOCUMENT # P97000087566



1. Entity Name
97-34 AGENTS, INC.

Principal Place of Business
**TWO SOUTH BISCAYNE BLVD SUITE 3400
MIAMI FL 33131**

Mailing Address
**TWO SOUTH BISCAYNE BLVD SUITE 3400
MIAMI FL 33131**

22001430



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0817005**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
TWO SOUTH BISCAYNE BLVD SUITE 3400
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DVPS SCHEER, MARK**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD #3400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
NAME **DP Scheer, Mark**
STREET ADDRESS **2 S. Biscayne Blvd., Suite 3400**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE Delete
NAME **DP HART, KENNETH M**
STREET ADDRESS **777 SOUTH FLAGLER DRIVE STE 500 E**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE Change Addition
NAME **VP Hart, Kenneth M.**
STREET ADDRESS **777 S. Flagler Drive, Ste 500 E**
CITY-ST-ZIP **West Palm Beach, Florida 33401**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VP Press, Martin**
STREET ADDRESS **500 E. Broward Blvd., Suite 1400**
CITY-ST-ZIP **Ft. Lauderdale, Florida 33394**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Mark J. Scheer January 27, 2003 305-376-6040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)