

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

FILED

Apr 14 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 # S09395 (2)
 1. Corporation Name
C. & KAIN, P.A.



Principal Place of Business 200 SO. BISCAYNE BLVD. SUITE 4800 MIAMI FL 33131-2310 US	Mailing Address 200 SO. BISCAYNE BLVD SUITE 4800 MIAMI FL 33131-5324 US
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2. Principal Place of Business 21 750 S.E. 3RD AVENUE Suite, Apt. #, etc. 22 Suite 100 City & State 23 FT. LAUDERDALE, FL Zip 24 33316-1153 Country 25 BROWARD	2a. Mailing Address 26 750 S.E. 3RD AVENUE Suite, Apt. #, etc. 27 Suite 100 City & State 28 FT. LAUDERDALE, FL Zip 29 33316-1153 Country 30 BROWARD
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3. Date Incorporated or Qualified 10/29/1990	3a. Date of Last Report 04/30/1996
4. FEI Number 06-5226843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 KAIN, ROBERT C. 200 SO. BISCAYNE BLVD, SUITE 4800 100 SOUTH BISCAYNE BLVD., SUITE 1020 MIAMI FL 33131-2310	10. Name and Address of New Registered Agent 81 Name Kain, Robert C., Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 750 S.E. 3RD AVENUE 83 Suite 100 84 City FT. LAUDERDALE FL 85 Zip Code 33316-1153
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KAIN, ROBERT C., JR.	1.2 NAME	
STREET ADDRESS	4050 N. 34TH AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Robert C. Kain Jr. Pres. April 8, 1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)