

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S43717** (5)  
1. Corporation Name  
**DILLINGHAM HOLDINGS, INC.**

FILED

97 MAR 28 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**701 BRICKELL AVE.  
SUITE 1600  
MIAMI FL 33131**

Mailing Address  
**701 BRICKELL AVENUE  
SUITE 850  
MIAMI FL 33131-2851  
US**

3. Date Incorporated or Qualified  
**04/08/1991**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0256968**

Applied For  
☐ Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

28. Zip

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24. Country

29. Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SULLIVAN, JOHN S  
701 BRICKELL AVENUE  
SUITE 850  
MIAMI FL 33131**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**000002127910--4**  
83. **-03/28/97-01144-012**  
**\*\*\*3795.00 \*\*\*163.00**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Treasurer
NAME	SULLIVAN, JOHN S	1.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 850	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	SULLIVAN, JOHN S	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 850	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	SULLIVAN, JOHN S	3.2 NAME	
STREET ADDRESS	701 BRICKELL AVE., STE. 850	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	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 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: John S. Sullivan DPSVPT 3/14/97 305-381-8340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)