


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

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Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S75759 (8)</b> 1. Corporation Name <b>WALTER G. LATIMER, P.A.</b>			
Principal Place of Business <b>ONE FINANCIAL PLAZA STE 1615 FT LAUDERDALE FL 33304 US</b>		Mailing Address <b>ONE FINANCIAL PLAZA STE 1615 FT LAUDERDALE FL 33304-0820 US</b>	
2. Principal Place of Business <b>1011 Ives Dairy Road</b>		2a. Mailing Address <b>Same</b>	
21. Suite, Apt. #, etc. <b>201</b>		27. Suite, Apt. #, etc. <b>201</b>	
22. City & State <b>North Miami Beach, FL</b>		27. City & State <b>North Miami Beach, FL</b>	
23. Zip <b>33179</b>		29. Country <b>USA</b>	
24. Zip <b>33179</b>		30. Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>LATIMER, WALTER G. ONE FINANCIAL PLAZA STE 1615 FT LAUDERDALE FL 33304</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>1011 Ives Dairy Road, Suite 201</b> 83. City <b>North Miami Beach FL</b> 84. Zip Code <b>33179</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 obligation under Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> <b>pus</b> <b>2/7/97</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>DPV</b> <input type="checkbox"/> DELETE NAME <b>LATIMER, WALTER G.</b> STREET ADDRESS <b>1245 NE 92ND ST</b> CITY - ST - ZIP <b>MIAMI SHORES FL</b> TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>LATIMER, WALTER G.</b> STREET ADDRESS <b>1245 NE 92ND ST</b> CITY - ST - ZIP <b>MIAMI SHORES FL</b>		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 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 from an attachment with an address. SIGNATURE: <i>[Signature]</i> <b>pus</b> <b>2/7/97 (305) 999-9199</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



CR2E034 (9/96)