

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # V53476 (0)**

**1. Corporation Name  
PENN COURT TWO, INC.**



**Principal Place of Business**  
~~JUDITH A BURKE~~  
~~201 S BISCAYNE BLVD SUITE 1600~~  
~~MIAMI FL 33131~~

**Mailing Address**  
~~JUDITH A BURKE~~  
~~201 S BISCAYNE BLVD SUITE 1600~~  
~~MIAMI FL 33131-4329~~

**3. Date Incorporated or Qualified** 07/28/1992  
**3a. Date of Last Report** 02/06/1996

**2. Principal Place of Business**  
21 **c/o Kevin D. Cowan**

**2a. Mailing Address**  
26 **c/o Kevin D. Cowan**

**4. FEI Number** 65-0351788  
**Applied For** Not Applicable

**22. Suite, Apt. #, etc**  
201 S. Biscayne Blvd.

**27. Suite, Apt. #, etc**  
201 S. Biscayne Blvd.

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

**23. City & State**  
Miami, Florida

**28. City & State**  
Miami, Florida

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

**24. Zip** 33131 **25. Country** Dade

**29. Zip** 33131 **30. Country** Dade

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

**9. Name and Address of Current Registered Agent**  
~~BURKE, JUDITH A~~  
~~201 S. BISCAYNE BLVD, SUITE 1600~~  
~~SUITE 1600~~  
~~MIAMI FL 33131~~

**10. Name and Address of New Registered Agent**  
81 **Name** Kevin D. Cowan  
82 **Street Address (P.O. Box Number is Not Acceptable)** 201 South Biscayne Boulevard  
83 **1600 Miami Center**  
84 **City** Miami **85. Zip Code** FL 33131

**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 regular with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** *[Signature]* **DATE** January 21, 1997  
Signature type or printed name of a registered agent and filer's application (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<del>DP</del> D/P/S/T	<input type="checkbox"/> DELETE
NAME	COWAN, KEVIN D	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY - ST - ZIP	MIAMI FL	
TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BURKE, JUDITH A</del>	
STREET ADDRESS	<del>201 S. BISCAYNE BLVD</del>	
CITY - ST - ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	
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, or on an attachment with an address.**

**SIGNATURE:** *[Signature]* **President** **DATE** January 21, 1997 **Daytime Phone #** 305-358-6300  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)