

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

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Jan 17 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 # P94000040914 (1)

1. Corporation Name  
1601 LAUDERHILL, INC.



Principal Place of Business  
3315 OTTAWA LANE  
COOPER CITY FL 33026

Mailing Address  
3315 OTTAWA LANE  
COOPER CITY FL 33026-4609

3. Date Incorporated or Qualified: 05/26/1994  
3a. Date of Last Report: 02/09/1996

|                                |  |                                |  |   |  |                                |  |
|--------------------------------|--|--------------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address            |  | 4. FEI Number                                       |  | Applied For                    |  |
| 21 1601 LAUDERHILL, INC.       |  | 26 1601 LAUDERHILL, INC.       |  | 65-0291380  |  | Not Applicable                 |  |
| 22 1561 BELLA VISTA AVE        |  | 27 1561 BELLA VISTA AVE        |  | 5. Certificate of Status Desired                    |  | \$8.75 Additional Fee Required |  |
| City & State: CORAL GABLES, FL |  | City & State: CORAL GABLES, FL |  | Election Campaign Financing Trust Fund Contribution |  | \$5.00 May Be Added to Fees    |  |
| 24 33156                       |  | 25 USA                         |  | 29 33156  |  | 30 USA                         |  |
| 24 33156                       |  | 25 USA                         |  | 29 33156  |  | 30 USA                         |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent                                |  |  |  |
| UECKER, RICHARD KEITH<br>3315 OTTAWA LANE<br>COOPER CITY FL 33026 |  |  |  | 81 Name: RICHARD KEITH UECKER   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable): 1561 BELLA VISTA AVE |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City: CORAL GABLES FL  |  |  |  |
|   |  |  |  | 85 Zip Code: 33156  |  |  |  |

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: *Richard Keith Uecker* RICHARD KEITH UECKER 1/11/97  
Signature typed or printed name of registered agent and filed application (NOTE: Registered Agent signature required when reinstating) DATE

|                            |   |                               |                                 |   |                       |  |  |
|----------------------------|---|-------------------------------|---------------------------------|---|-----------------------|--|--|
| 12. OFFICERS AND DIRECTORS |   |                               |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |  |  |
| TITLE                      | D | BAILEY, WILLIAM DONALD JR.    | <input type="checkbox"/> DELETE | 1.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |   | 10901 BAYSHROE DRIVE, VILLA 1 |                                 | 1.2 NAME  |                       |  |  |
| STREET ADDRESS             |   | NORTH MIAMI FL 33138          |                                 | 1.3 STREET ADDRESS                                    |                       |  |  |
| CITY - ST - ZIP            |   |                               |                                 | 1.4 CITY - ST - ZIP                                   |                       |  |  |
| TITLE                      | D | UECKER, RICHARD KEITH         | <input type="checkbox"/> DELETE | 2.1 TITLE   | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |   | 3315 OTTAWA LANE              |                                 | 2.2 NAME  | RICHARD KEITH UECKER  |  |  |
| STREET ADDRESS             |   | COOPER CITY FL 33026          |                                 | 2.3 STREET ADDRESS                                    | 1561 BELLA VISTA AVE  |  |  |
| CITY - ST - ZIP            |   |                               |                                 | 2.4 CITY - ST - ZIP                                   | CORAL GABLES FL 33156 |  |  |
| TITLE                      | D | BAILEY, WILLIAM DONALD SR.    | <input type="checkbox"/> DELETE | 3.1 TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |   | 10911 BAYSHORE DRIVE          |                                 | 3.2 NAME  |                       |  |  |
| STREET ADDRESS             |   | NORTH MIAMI FL 33138          |                                 | 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: *Richard Keith Uecker* RICHARD KEITH UECKER 1/11/97 305-663-5431  
Signature typed or printed name of signing officer or director (NOTE: Secretary signature required when reinstating) DATE Daytime Phone #

CR2E034 (9/96)