


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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K21363 (2) 1. Corporation Name FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 S.E. 2ND STREET STE 2300 MIAMI FL 33131-1101 US		Mailing Address 100 S.E. 2ND STREET STE 2300 MIAMI FL 33131-1101 US		3. Date Incorporated or Qualified 10/27/1988
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0080824	Applied For Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SUSAN STRICKROOT ADAMS 100 S.E. 2nd STREET SUITE 2300 MIAMI, FLORIDA 33131-1101		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, J. MURREY, JR. P.O. BOX 1012 CHARLOTTE NC 28201 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D DEANE, JAMES R. TWO WORLD TRADE CENTER NEW YORK, NY 10048 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, DANIEL K 5133 N.W. 93RD DORAL WAY MIAMI FL 33178 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GIRESI, MARK A. 17777 OLD CUTLER ROAD MIAMI, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKROOT, JOHN C 100 S.E. 2ND STREET STE 1700 MIAMI FL 33131 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D HERRON, JAMES M. 2891 SEMINOLE STREET MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DF HOUGHTON, PETER E. 100 S.E. 2nd STREET, Ste. 2300 MIAMI FL 33131 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D IBANEZ, MARIA ELENA 1441 N.W. 89th COURT MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARMATI, MAURICE M. 3655 N.W. 87TH AVE MIAMI FL 33178 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/O RIVERA, MARIO 1 S.E. 2nd STREET MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D LEWIS, GERALD A. 245 E. VIRGINIA STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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 REQUIRED

1-9-98 305-372-1260

CR2E034 (10/97)

**FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH  
OFFICERS/DIRECTORS CHANGES  
1998**

**D**

Atkins, J. Murrey, Jr.  
121 West Trade Street  
Charlotte, NC 28202

**DPS**

Houghton, Peter E.  
100 S.E. 2nd Street, Ste. 2300  
Miami, FL 33131