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Jan 21 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 # P93000064387 (2)

1. Corporator Name
300 WEST SUNRISE, INC.



Principal Place of Business: % RICHARD KEITH UECKER, 3315 OTTAWA LANE, COOPER CITY FL 33026
Mailing Address: % RICHARD KEITH UECKER, 3315 OTTAWA LANE, COOPER CITY FL 33026-4809

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 02/20/1996

21. Principal Place of Business 21 RICHARD K. UECKER Suite, Apt. #, etc.	26. Mailing Address 26 RICHARD K. UECKER Suite, Apt. #, etc.	4. FEI Number 65-0434263	Applied For Not Applicable
22. City & State 22 CORAL GABLES, FL	27. City & State 27 CORAL GABLES, FL	5. Certificate of Status Desired Trust Fund Contribution	\$8.75 Additional Fee Required
23. Zip 23 33156	28. Country 28 USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip 24 33156	25. Country 25 USA	29. Zip 29 33156	30. Country 30 USA

9. Name and Address of Current Registered Agent UECKER, RICHARD K 3315 OTTAWA LANE COOPER CITY FL 33026	10. Name and Address of New Registered Agent 81 Name: UECKER, RICHARD KEITH 82 Street Address (P.O. Box Number is Not Acceptable): 1561 BELLA VISTA AVE. 83 84 City: CORAL GABLES FL 85 Zip Code: 33156
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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 607.0501, Florida Statutes.

SIGNATURE: *Richard Keith Uecker* 1/11/97
Signature typed or printed name of registered agent and fee, if applicable. (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 D JR 10901 BAYSHORE DRIVE, VILLA 1 NORTH MIAMI FL 33138	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	UECKER, RICHARD K 3315 OTTAWA LANE COOPER CITY FL 33026	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BAILEY, WILLIAM D SR 10911 BAYSHORE DRIVE NORTH MIAMI FL 33138	2.2 NAME	UECKER, RICHARD K.
TITLE:		2.3 STREET ADDRESS	1561 BELLA VISTA AVE.
TITLE:		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		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 included 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* 1/11/97 305-663-5431
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)