

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 446188 (5)

1. Corporation Name

JOHNSON & HIGGINS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

ONE SE FINANCIAL CTR  
STE 2300  
MIAMI FL 33131-2334  
US

191 PEACHTREE ST.  
STE. 3400  
ATLANTA GA 30303-1762

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Organized

02/12/1974

3a. Date of Last Report

05/01/1995

4. FFI Number

59-1519597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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

Name of Registered Agent

Name of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

|                |                                |        |
|----------------|--------------------------------|--------|
| TITLE          | D                              | DELETE |
| NAME           | MUNDY, GARDNER                 |        |
| STREET ADDRESS | 125 BROAD STREET               |        |
| CITY-ST-ZIP    | NEW YORK, NY 00000             |        |
| TITLE          | V                              | DELETE |
| NAME           | HYMAN, ALLEN F                 |        |
| STREET ADDRESS | ONE SE FINANCIAL CTR, STE 2300 |        |
| CITY-ST-ZIP    | MIAMI FL                       |        |
| TITLE          | S                              | DELETE |
| NAME           | PANDALEON, ALEC A              |        |
| STREET ADDRESS | 125 BROAD ST                   |        |
| CITY-ST-ZIP    | NEW YORK, NY 0                 |        |
| TITLE          | T                              | DELETE |
| NAME           | SMITH, JERRY O.                |        |
| STREET ADDRESS | 191 PEACHTREE ST NE            |        |
| CITY-ST-ZIP    | ATLANTA GA                     |        |
| TITLE          | PD                             | DELETE |
| NAME           | OLSEN, DAVID A.                |        |
| STREET ADDRESS | 125 BROAD ST.                  |        |
| CITY-ST-ZIP    | NEW YORK, NY 0                 |        |
| TITLE          |                                | DELETE |
| NAME           |                                |        |
| STREET ADDRESS |                                |        |
| CITY-ST-ZIP    |                                |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |        |          |
|---------------------|--------|----------|
| 13.1 TITLE          | Change | Addition |
| 13.2 NAME           |        |          |
| 13.3 STREET ADDRESS |        |          |
| 13.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE           | Change | Addition |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY-ST-ZIP     |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY-ST-ZIP     |        |          |
| 4.1 TITLE           | Change | Addition |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY-ST-ZIP     |        |          |
| 5.1 TITLE           | Change | Addition |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY-ST-ZIP     |        |          |
| 6.1 TITLE           | Change | Addition |
| 6.2 NAME            |        |          |
| 6.3 STREET ADDRESS  |        |          |
| 6.4 CITY-ST-ZIP     |        |          |

V  
HYMAN, ALLEN F.  
ONE FIRST UNION CENTER, SUITE 2800  
MIAMI, FL 33131-2334

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Jerry O. Smith* Jerry O. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 1-404-586-8230  
Date Filed Phone #

CR2E034 (12/95)