

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521738 (5)

1. Corporation Name
PACKMAN.NEUWAHL & ROSENBERG, P.A.

Principal Place of Business Mailing Address
1500 SAN REMO AVE.#125 1500 SAN REMO AVE.#125
CORAL GABLES FL 33146 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1977 3a. Date of Last Report 04/15/1994
4. FEI Number 59-1712820 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
NEUWAHL, MALCOLM H
1500 SAN REMO AVE
STE 125
CORAL GABLES FL 33146

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

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 _____ DATE _____
Signatures, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	GINSBURG, DENNIS
STREET ADDRESS	1500 SAN REMO AVE #125
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD
NAME	ROSENBERG, MICHAEL
STREET ADDRESS	1500 SAN REMO AVE,#125
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DSP
NAME	NEUWAHL, MALCOLM H
STREET ADDRESS	1500 SAN REMO AVE,#125
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DVP
NAME	STAMEN, ROBERT A
STREET ADDRESS	1500 SAN REMO AVE #125
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DVP
NAME	SHARE, LESLIE A
STREET ADDRESS	1500 SAN REMO AVE #125
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	FINKELMAN, JACK
STREET ADDRESS	1500 SAN REMO AVE. #125
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Black, Jan M.S.	
1.3 STREET ADDRESS	1500 San Remo Avenue, Suite 125	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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, in an attachment with my address.

SIGNATURE: *Malcolm H. Neuwahl* MalcolM H. Neuwahl, President (305) 665-3311
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date (Typed Name)