

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

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**Jan 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 521738 (5)**

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



Principal Place of Business: **1500 SAN REMO AVE. #125 CORAL GABLES FL 33146**  
Mailing Address: **1500 SAN REMO AVE. #125 CORAL GABLES FL 33146-3049**

3. Date Incorporated or Qualified: **01/01/1977**  
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: **59-1712820**  
Applied For:  Not Applicable:

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: 23  
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: 24  
Country: 25  
Zip: 29  
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEUWAHL, MALCOLM H  
1500 SAN REMO AVE  
STE 125  
CORAL GABLES FL 33146**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVP <input type="checkbox"/> DELETE
NAME	GINSBURG, DENNIS
STREET ADDRESS	1500 SAN REMO AVE #125
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ROSENBERG, MICHAEL
STREET ADDRESS	1500 SAN REMO AVE, #125
CITY - ST - ZIP	CORAL GABLES FL
TITLE	DSP <input type="checkbox"/> DELETE
NAME	NEUWAHL, MALCOLM H
STREET ADDRESS	1500 SAN REMO AVE, #125
CITY - ST - ZIP	CORAL GABLES FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	STAMEN, ROBERT A
STREET ADDRESS	1500 SAN REMO AVE #125
CITY - ST - ZIP	CORAL GABLES FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	SHARE, LESLIE A
STREET ADDRESS	1500 SAN REMO AVE #125
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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: *Malcolm H. Neuwahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 (305) 665-3311

Malcolm H. Neuwahl Date Daytime Phone: 4

CR2E034 (9/96)