FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:17

DOCUMENT # **600421** **(2)**

1. Corporation Name

DRS. BRANT, AGRON, MEISELMAN, LEVINSON, GRUMET A ND ZIONTS, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
12900 N.E. 17TH AVENUE SUITE 500 NORTH MIAMI FL 33181	12900 N.E. 17TH AVENUE SUITE 500 NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 08/21/1968
3a. Date of Last Report: 01/25/1994

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

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

AGRON, NORTON H.
12900 NE 17TH AVENUE #500
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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: Norton H AGRON VP — DATE: 1/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name(s) is)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MEISELMAN,BARRY	12 NAME	
STREET ADDRESS	12900 NE 17TH AVE #500	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	AGRON, NORTON	22 NAME	
STREET ADDRESS	12900 NE 17TH AVE #500	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BRANT, LAWRENCE	32 NAME	
STREET ADDRESS	12900 NE 17TH AVE #500	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEVINSON, MARVIN	42 NAME	
STREET ADDRESS	12900 NE 17TH AVE #500	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GRUMET, ROBERT	52 NAME	
STREET ADDRESS	12900 NE 17TH AVE #500	53 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	54 CITY-ST-ZIP	
TITLE	~~D~~	61 TITLE	D ☒ Change ☐ Addition
NAME	~~PERLMAN, BRUCE~~	62 NAME	ZIONTS, DAVID
STREET ADDRESS	~~12900 NE 17TH AVE #500~~	63 STREET ADDRESS	12900 NE 17th Ave #500
CITY-ST-ZIP	~~N. MIAMI FL~~	64 CITY-ST-ZIP	N Miami FL

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)(k), Florida Statutes. I further certify that the information indicated on this 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: Norton H AGRON 1-10-95 305 891-0600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0100385 CP