

**SECURITY NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **602017** (6)

1. Corporation Name

**HOGG, ALLEN, NORTON & BLUE, P.A.**



Principal Place of Business: **121 MAJORCA CORAL GABLES FL 33134**  
Mailing Address: **121 MAJORCA CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **03/26/1970**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-1287650** 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: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **NORTON, ROBERT L. 121 MAJORCA CORAL GABLES FL 33134**  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOGG, JESSE S.</b>	1.2 NAME	
STREET ADDRESS	<b>121 MAJORCA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DSM</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORTON, ROBERT L.</b>	2.2 NAME	
STREET ADDRESS	<b>121 MAJORCA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, REYNOLDS</b>	3.2 NAME	
STREET ADDRESS	<b>121 MAJORCA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVM</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUE, JAMES M.</b>	4.2 NAME	
STREET ADDRESS	<b>121 MAJORCA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORTON, SUSAN P.</b>	5.2 NAME	
STREET ADDRESS	<b>121 MAJORCA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>See Attached</i>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 617, Florida Statutes, and that my name appears in block 12 or block 13 if changed or on an attachment for an address.

SIGNATURE: \_\_\_\_\_ DATE: **8/1/96** TELEPHONE: **305-445-7801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

Hogg Allen Norton & Blue, P.A.  
121 Majorca  
Coral Gables, Florida 33134  
#602017 (6)  
FEI # 59-1287650

Additional Officers and Directors:

<u>Name &amp; Address:</u>	<u>Title:</u>
Mark E. Levitt 121 Majorca Coral Gables, Florida 33134	DV
Wayne L. Helsby 121 Majorca Coral Gables, Florida 33134	DV
Michael Mattimore 121 Majorca Coral Gables, Florida 33134	DV
David J. Stefany 121 Majorca Coral Gables, Florida 33134	DV
Peter L. Sampo 121 Majorca Coral Gables, Florida 33134	DV
Murray Hudson 121 Majorca Coral Gables, Florida 33134	DV
Rodolfo Gomez 121 Majorca Coral Gables, Florida 33134	DV