

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **840806** (4)

1. Corporation Name
CRESMER, WOODWARD, O'MARA & ORMSBEE, INC.



Principal Place of Business Mailing Address
866 THIRD AVENUE NEW YORK NY 10022
1550 NE MIAMI GARDENS DR STE. 302 N. MIAMI BCH. FL 10022 US

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
24	Country	29	Country

3. Date Incorporated or Qualified 06/08/1978	3a. Date of Last Report 06/16/1995
4. FEI Number 13-1122025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EVANS, PETER R
1550 NE MIAMI GARDENS DR SUITE 302
9100 S. DADELAND BLVD.
NORTH MIAMI BEACH FL 33179**

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 _____
Signature typed or printed name of registered agent and the taxpayer. (NOTE: Registered Agent signature must be witnessed.)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, JOHN W	
STREET ADDRESS	4929 WILSHIRE BLVD	
CITY-ST-ZIP	LA CA	
TITLE	EVPO	<input type="checkbox"/> DELETE
NAME	SOENS, BERNADETTE	
STREET ADDRESS	1 E WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE
NAME	HARLAN, B EVANS	
STREET ADDRESS	866 THIRD AVE	
CITY-ST-ZIP	NEW YORK, N Y 1	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MITCHELL, RICHARD A	
STREET ADDRESS	1 EAST WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	VEITCH, MICHAEL	
STREET ADDRESS	1 E WACKER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	CANNON, MARY E	
STREET ADDRESS	866 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOUGLAS OLSSON	
1.3 STREET ADDRESS	13601 Preston Rd	
1.4 CITY-ST-ZIP	Dallas Tx 75240	
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	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Lyke	
3.3 STREET ADDRESS	1 E Wacker Dr	
3.4 CITY-ST-ZIP	Chicago IL 60601	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E Cannon MARY E CANNON 5/1/96 (212) 750 4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)