

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

35 JUN 19 1995 PM 1:04

DOCUMENT # **841657** (0)

1. Corporation Name  
**HAZEN AND SAWYER, P.C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4000 HOLLYWOOD BOULEVARD 7TH FLOOR- NORTH TOWER HOLLYWOOD FL 33021</b>	Mailing Address <b>4000 HOLLYWOOD BOULEVARD 7TH FLOOR- NORTH TOWER HOLLYWOOD FL 33021</b>
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3. Date incorporated or Qualified <b>10/18/1978</b>	3a. Date of Last Report <b>07/06/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>13-2904652</b>	Applied For Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt #, etc	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**ROBINSON, PETER  
HAZEN AND SAWYER, P.C.  
4000 HOLLYWOOD BLVD., STE 750N  
HOLLYWOOD FL 33021**

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

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 marshaling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD SINNOTT, WALTER B</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>35 DANNER AVE</b>	1.2 NAME	
STREET ADDRESS	<b>HARRISON NY</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	<b>VD ROBINSON, PETER E</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4620 JEFFERSON ST</b>	2.2 NAME	
STREET ADDRESS	<b>HOLLYWOOD FL 33021</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<b>VD DAVIS, PATRICK</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>921 SOUTHEAST 8TH STREET</b>	3.2 NAME	
STREET ADDRESS	<b>FORT LAUDERDALE FL 33316</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<b>VD BORS, GARY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10585 NW 3RD PL</b>	4.2 NAME	
STREET ADDRESS	<b>CORAL SPRINGS FL 33071</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<b>PD HAGADORN, ROBERT E.</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>507 DANBURY RD.</b>	5.2 NAME	
STREET ADDRESS	<b>RIDGEFIELD CT 06877</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<b>VDST LASTIHENOS, JERRY</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>20 E. 9TH ST.</b>	6.2 NAME	
STREET ADDRESS	<b>NEW YORK NY 10003</b>	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 110.07(3)(b), 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: *Walter B. Sinnott* **WALTER B. SINNOTT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: **1/10/95** (212) 777-8400