

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **841657 (0)**

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



Principal Place of Business: **4000 HOLLYWOOD BOULEVARD 7TH FLOOR- NORTH TOWER HOLLYWOOD FL 33021**

Mailing Address: **4000 HOLLYWOOD BOULEVARD 7TH FLOOR- NORTH TOWER HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified 10/18/1978	3a. Date of Last Report 01/19/1995
4. FEI Number 13-2904652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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

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
	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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINNOTT, WALTER B	1.2 NAME	
STREET ADDRESS	35 DANNER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PETER E	2.2 NAME	
STREET ADDRESS	4820 JEFFERSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICK	3.2 NAME	
STREET ADDRESS	921 SOUTHEAST 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORS, GARY	4.2 NAME	
STREET ADDRESS	10565 NW 3RD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGADORN, ROBERT E.	5.2 NAME	
STREET ADDRESS	507 DANBURY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	5.4 CITY-ST-ZIP	
TITLE	VDST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTIHENOS, JERRY	6.2 NAME	
STREET ADDRESS	20 E. 9TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	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 this 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 in an attachment with an address.

SIGNATURE: _____ DATE: **1/29/96** DAYTIME PHONE # _____

CR2E034 (12/95)