

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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 33021-6751

3. Date Incorporated or Qualified 10/18/1978  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 13-2904652 Applied For Not Applicable

21 Suite, Apt #, etc. 25 Suite, Apt #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 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 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 affirm that I will accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Peter E. Robinson, Senior Vice President/ Director 01-09-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, PETER E	
STREET ADDRESS	4620 JEFFERSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, PATRICK	
STREET ADDRESS	921 SOUTHEAST 8TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORS, GARY	
STREET ADDRESS	10565 NW 3RD PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAGADORN, ROBERT E.	
STREET ADDRESS	507 DANBURY RD.	
CITY-ST-ZIP	RIDGEFIELD CT 06877	
TITLE	VDST	<input type="checkbox"/> DELETE
NAME	LASTHENOS, JERRY	
STREET ADDRESS	20 E. 9TH ST.	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	NO LONGER A DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 applicable, or on an attachment with an address.

SIGNATURE: Robert E. Hagadorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0190960

CR2E034 (9/96)