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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State: DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

1. Corporation Name

F74865

(9)

AND	REW HALL AND ASSOCIA	ites, p.a.							
Principal Place  * ANDREV  1428 BRIC			Mailing Address % ANDREW C. HALL 1428 BRICKELL AVE BTH FLOOR MIAMI FL 33131				90 BAFA BIJAIK B	1841 8185) 89	
MIAMI FL	33131					3. Date Incorporated or Qualified 3a. Date of Last Report 03/31/1982 09/26/1995			
2. Principal Pla	ace of Business	2a, Mailing Address	2a. Mailing Address 26			4. FEI Number App			Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	)	City & State	<b>├</b> ─¬ `			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	Coun			8. This corporation has Mability for intangible tax under s 199.032, Florida Statutes VI Yes No			
	ent Registered Agent				10. Name and Address of New Registered Agent				
				81	Name				
HALL, ANDREW C. 1428 BRICKELL AVE., 8TH FLOOR				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	FL 33131		•	83					
				84	City		FL	85 Ziş	ρ Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	02 and 607.1508, Florida Sta orida. Such change was autho oction 607.0505, Florida Statu	tutes, the abor- prized by the cutes.	ve-r kgro	named corpora oration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of chai	nging its r registered	registered office Lagent, Lam
SIGNATURE	Signature, typed or printed name of registered aga	junt and blicif applicable:	(NOTE Registered	Agen	d signature required	when reinstating)	DA <sup>1</sup> E		
12.		ND DIRECTORS	13.	<u>.</u> .		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	DRS IN 12
TITLE	PTD		1. <b>1</b> TI	1LE				] Change	Addition
NAME	HALL, ANDREW C		- 1.2 NA	ME					
STREET ADDRESS	1428 BRICKELL AVE			L3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	□ DELETE	1.4 CI		T-ZIP		···		
TITLE		☐ D€LETE	2 1 TI				L	] Change	Addition
NAME CAREET ADORESO			2.21						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		T DELETE	24 CH 3. 1 TI		1-714			7 Change	Addition
NAME		<b>_</b>	32 N					j change	L. Naumon
STREET ADDRESS					ADDRESS				
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STREET ADDRESS			4 3 \$1	REEL	ADDRESS				
CITY-ST-ZIP			4 <b>4</b> CII	Y-8	1 - 210				
TITLE				1 TITLE				] Change	☐ Addition
NAME			5 2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ proces	5 4 CIT		I-ZIP				
THILE		☐ DELETE		6. 1 TITLE				] Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY - \$T - ZIP			6.4 Ci	Y-\$	F-ZIP				

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 logal 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.

Re C bon SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR