

**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 # **G41333 (7)**

1. Corporation Name  
**BARRY A. PEMSLER, P.A.**



Principal Place of Business: **3191 CORAL WAY #701 MIAMI FL 33145**  
Mailing Address: **3191 CORAL WAY #701 MIAMI FL 33145**

3. Date Incorporated or Qualified: **05/31/1983**  
3a. Date of Last Report: **01/19/1995**  
4. FLI Number: **59-2305263**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: **3191 Coral Way**  
22. Suite, Apt. #, etc.: **Suite 804**  
23. City & State: **Miami Florida**  
24. Zip: **33145** Country: **us**

2a. Mailing Address: **3191 Coral Way**  
27. Suite, Apt. #, etc.: **Suite 804**  
28. City & State: **Miami Florida**  
29. Zip: **33145** Country: **us**

9. Name and Address of Current Registered Agent  
**PEMSLER, BARRY A.  
3191 CORAL WAY #701  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81. Name: **Pemsler Barry A.**  
82. Street Address (P.O. Box Number is Not Acceptable): **3191 Coral Way Suite 804**  
83. City: **Miami** State: **FL** Zip Code: **33145**

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PEMSLER, BARRY A	
STREET ADDRESS	3191 CORAL WAY #701	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Pemsler, Barry A	
13. STREET ADDRESS	3191 Coral Way Suite 804	
14. CITY- ST- ZIP	Miami Florida 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY- ST- ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY- ST- ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY- ST- ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY- ST- ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY- ST- ZIP		

14. I do hereby certify that the information applied 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, trustee, 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: **Barry A. Pemsler 1-31-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (305)446-9838

CR2E034 (12/95)