

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90057 050 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H10733**

1. Corporation Name

**ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, INC.**

Principal Place of Business

2033 MAIN ST.  
 STE 600  
 SARASOTA FL 34237

Mailing Address

2033 MAIN ST.  
 STE 600  
 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/03/1984**

4. FEI Number

**59-2552799**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**HOPKINS, F THOMAS III**  
 2033 MAIN ST  
 SUITE 600  
 SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	FUREN, MICHAEL J.	
STREET ADDRESS	33 SANDY COVE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLETT, CHARLES J.	
STREET ADDRESS	5147 OXFORD DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, TROY H.	
STREET ADDRESS	5111 RIVERVIEW BLVD.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FOREMAN, MICHAEL L.	
STREET ADDRESS	2033 MAIN ST., STE 600	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	PFLUGNER, J. GEOFFREY	
STREET ADDRESS	2033 MAIN ST., STE 600	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, F. THOMAS	
STREET ADDRESS	2033 MAIN ST., STE 600	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SEE ATTACHED SHEET</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*F. Thomas Hopkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-6-99**  
 Daytime Phone # **941-366-8100**

CR2E034 (1/98)

247723-40051-50  
H10733

ATTACHMENT TO 1999 ANNUAL REPORT

F. Thomas Hopkins - P/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Charles J. Bartlett - V/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Robert G. Lyons - V/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Troy H. Myers, Jr. - V/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Michael J. Furen - V/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

William W. Merrill, III - S/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

J. Geoffrey Pflugner - T/D  
2033 Main Street, Suite 600  
Sarasota, FL 34237

James E. Aker - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Michael L. Foreman - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Arthur D. Ginsburg - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Steven R. Greenberg - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Thomas F. Icard, Jr. - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

David M. Levin - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Robert E. Messick - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Stephen D. Rees - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237

Paul D. Beitlich - V  
2033 Main Street, Suite 600  
Sarasota, FL 34237