

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:07

DOCUMENT # H83346 (7)
1. Corporation Name
BRUCE DAVID GREEN P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% BRUCE D. GREEN **% BRUCE D. GREEN**
600 S. ANDREWS AVENUE, SUITE 300 **600 S. ANDREWS AVENUE, SUITE 300**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/31/1985 **01/21/1994**

4. FEI Number Applied For
59-2602158 Not Applicable

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

2. Principal Place of Business 2a. Mailing Address
21 **600 S. Andrews Avenue** 26 **600 S. Andrews Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 400** 27 **Suite 400**
City & State City & State
23 **Fort Lauderdale, FL** 28 **Fort Lauderdale, FL**
Zip Country Zip Country
24 **33301** 25 **USA** 29 **33301** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

GREEN, BRUCE D.
600 SOUTH ANDREWS AVENUE-
SUITE 400-
FORT LAUDERDALE FL 33301-

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600 S. Andrews Avenue
83 **Suite 400**
84 City 85 Zip Code
Fort Lauderdale **FL** **33301**

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, last 15% if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, BRUCE D. | 1.2 NAME | |
| STREET ADDRESS | 600 S ANDREWS, #300 | 1.3 STREET ADDRESS | 600 S Andrews Avenue, Suite 400 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | Fort Lauderdale, FL 33301 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(b), 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 in person; 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, in an attachment with an address.

SIGNATURE: _____ 2-1-95 305-522-8554
 (Signature typed or printed name of signing officer or director) (Date) (Phone Number)

Bruce D. Green, Pres.