

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J05834 (3)

1. Corporation Name

DUNN, LODISH & WIDOM, P.A.



Principal Place of Business

2 S. BISCAYNE BLVD.
2400 ONE BISCAYNE TOWER
MIAMI FL 33131

Mailing Address

2 S. BISCAYNE BLVD.
2400 ONE BISCAYNE TOWER
MIAMI FL 33131

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 County

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 County

9. Name and Address of Current Registered Agent

DUNN, RICHARD M.
2 SO. BISCAYNE BLVD.
2400 ONE BISCAYNE TOWER
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/25/1986

3a. Date of Last Report

03/21/1995

4. FET Number

59-2649795

Applied For

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. 193.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 fully aware of, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(If the Registered Agent is not the same as the person signing this statement, attach a separate statement with a signature and date.)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	DP	☐ DELETE
12.2 STREET ADDRESS	DUNN, RICHARD M.	
12.3 CITY-STATE-ZIP	2 S. BISCAYNE BLVD #2400	
12.4 NAME	MIAMI FL	
12.5 STREET ADDRESS	DS	☐ DELETE
12.6 CITY-STATE-ZIP	LODISH, ALVIN D.	
12.7 NAME	2 S. BISCAYNE BLVD	
12.8 STREET ADDRESS	MIAMI FL	
12.9 CITY-STATE-ZIP	DT	☐ DELETE
12.10 NAME	WIDOM, MITCHELL E.	
12.11 STREET ADDRESS	2 S BISCAYNE BLVD #2400	
12.12 CITY-STATE-ZIP	MIAMI FL	
12.13 NAME		☐ DELETE
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		
12.16 NAME		☐ DELETE
12.17 STREET ADDRESS		
12.18 CITY-STATE-ZIP		
12.19 NAME		☐ DELETE
12.20 STREET ADDRESS		
12.21 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 STREET ADDRESS	
13.3 CITY-STATE-ZIP	☐ Change ☐ Addition
13.4 NAME	
13.5 STREET ADDRESS	
13.6 CITY-STATE-ZIP	☐ Change ☐ Addition
13.7 NAME	
13.8 STREET ADDRESS	
13.9 CITY-STATE-ZIP	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	☐ Change ☐ Addition
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY-STATE-ZIP	☐ Change ☐ Addition
13.16 NAME	
13.17 STREET ADDRESS	
13.18 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I, the undersigned, 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 included 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 registered 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 of this report, and I am a citizen of the United States with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (12/95)