

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

CMRRR # 2167 562 927

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L01770** (1)

1. Corporation Name  
**BARBER & BRONSON INCORPORATED**



Principal Place of Business <del>201 WEST COMMERCIAL BOULEVARD SUITE 4500 FT. LAUDERDALE FL 33309</del>	Mailing Address <del>201 WEST COMMERCIAL BOULEVARD SUITE 4500 FT. LAUDERDALE FL 33309</del>
--	--

2. Principal Place of Business 21 <b>201 S. Biscayne Blvd.</b>	2a. Mailing Address 26 <b>201 S. Biscayne Blvd.</b>	3. Date Incorporated or Qualified <b>07/13/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
Suite, Apt. #, etc. 22 <b>Suite 2950</b>	Suite, Apt. #, etc. 27 <b>Suite 2950</b>	4. FEI Number <b>65-0201574</b>	Applied For Not Applicable
City & State 23 <b>Miami, Florida</b>	City & State 28 <b>Miami, Florida</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 24 <b>33131</b>	Country 25 <b>USA</b>	Zip 29 <b>33131</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>BRONSON, STEVEN N 201 WEST COMMERCIAL BLVD. SUITE 4500 FT. LAUDERDALE FL 33309</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Blvd.</b> 83 <b>Suite 2950</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</b>
--	---

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1. TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRONSON, STEVEN N.</b>		2. NAME <b>Elliott, Eric R.</b>	
STREET ADDRESS <b>2101 W. COMMERCIAL BLVD, STE. 1500</b>		13. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		14. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2. TITLE <b>Exec. Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARBER, BRUCE C.</b>		22. NAME <b>Cassel, James S.</b>	
STREET ADDRESS <b>2101 W. COMMERCIAL BLVD, STE. 1500</b>		23. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		24. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE	<input type="checkbox"/> DELETE	3. TITLE <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME <b>Booth, Barry J.</b>	
STREET ADDRESS		33. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP		34. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE	<input type="checkbox"/> DELETE	4. TITLE <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME <b>Bronson, Steven N.</b>	
STREET ADDRESS		43. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP		44. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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)(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 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 applicable, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (302) 536-8500

CR2E034 (12/95)