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 # **L56260** **(7)**

1. Corporation Name

FERDINAND & SULLIVAN, P.A.

Principal Place of Business	Mailing Address
100 W. CYPRESS CREEK RD., SUITE 865 SUITE 910 FT LAUDERDALE FL 33309 US	100 W. CYPRESS CREEK RD., SUITE 865 SUITE 910 FT LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: **03/09/1990**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21: 100 W. Cypress Creek Rd.
Suite, Apt. #, etc.
22: 910
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 100 W. Cypress Creek Rd
Suite, Apt. #, etc.
27: 910
City & State
28:
Zip 29: Country 30:

4. FEI Number: **65-0185991** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SULLIVAN, KAREN M.
100 W CYPRESS CREEK RD SUITE 910
FT LAUDERDALE FL 33309

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 _____ 4-30-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FERDINAND, JON J.		1.2 NAME		
STREET ADDRESS	100 W CYPRESS CREEK RD SUITE 910		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FERDINAND, JON J.		2.2 NAME		
STREET ADDRESS	100 W. CYPRESS CREEK RD., SUITE 865		2.3 STREET ADDRESS	100 W. Cypress Creek Rd., Suite 910	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		2.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, KAREN M.		3.2 NAME		
STREET ADDRESS	100 W CYPRESS CREEK RD SUITE 910		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, KAREN M.		4.2 NAME		
STREET ADDRESS	100 W. CYPRESS CREEK RD., SUITE 865		4.3 STREET ADDRESS	100 W. Cypress Creek Rd., Suite 910	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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)(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.

SIGNATURE: Karen M. Sullivan 4-30-96 (954) 776-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)