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 # **M26740** **(4)**

1. Corporation Name

SPEAR, SAFER, HARMON & CO., P.A.

Principal Place of Business	Mailing Address
8350 N.W. 52 TERR., #301 MIAMI FL 33166	8350 N.W. 52 TERR., #301 MIAMI FL 33166

3. Date Incorporated or Qualified: **02/01/1986**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2627716** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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

FINE, MARC J.
8350 N.W. 52ND TERRACE SUITE #301
SUITE 300
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: SIMEON D. SPEAR
82 Street Address (P.O. Box Number is Not Acceptable): 8350 N.W. 52 TERRACE
83 SUITE 301
84 City: MIAMI FL 85 Zip Code: 33166

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] SIMEON D. SPEAR 4/6/96
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**

12.	Officers and Directors	Delete	13.	Additions/Changes	Change	Addition
TITLE	DCOB	☐ DELETE	1.1 TITLE	D/C/T	☒ Change	☐ Addition
NAME	SPEAR, SIMEON D.		1.2 NAME			
STREET ADDRESS	8350 N.W. 52 TERR., #301		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	DAT	☒ DELETE	2.1 TITLE	D/V	☒ Change	☐ Addition
NAME	WILLIAMS, KENNETH H		2.2 NAME	MUTNICK, JOEL S.		
STREET ADDRESS	8350 N.W. 52 TERR., #301		2.3 STREET ADDRESS	8350 N.W. 52 TERRACE, SUITE 301		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33166		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	HARMON, W. THOMAS		3.2 NAME			
STREET ADDRESS	8350 N.W. 52 TERR., #301		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP			
TITLE	DAS	☒ DELETE	4.1 TITLE	D/AS	☒ Change	☐ Addition
NAME	AMADOR, ANTONIO L		4.2 NAME	INGALLS, BARBARA		
STREET ADDRESS	8350 N.W. 52 TERR., #301		4.3 STREET ADDRESS	8350 N.W. 52 TERRACE, SUITE 301		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33166		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	SPEAR, M. GLENN		5.2 NAME			
STREET ADDRESS	8350 N.W. 52 TERR., #301		5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP			
TITLE	TD	☒ DELETE	6.1 TITLE	D/V	☒ Change	☐ Addition
NAME	FINE, MARC J.		6.2 NAME	HAMILTON, STEPHEN		
STREET ADDRESS	8350 N.W. 52 TERR., #301		6.3 STREET ADDRESS	8350 N.W. 52 TERRACE, SUITE 301		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL 33166		

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/6/96 305-591-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)