

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P33572 (9)**  
1. Corporation Name

**LAMALIE ASSOCIATES, INC.**



Principal Place of Business: **3903 NORTHDAL BLVD. TAMPA FL 33624**  
Mailing Address: **3903 NORTHDAL BLVD. TAMPA FL 33624**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc	26	Suite Apt #, etc	04/15/1991	12/07/1995
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2776441	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MULLIS, HAROLD W JR. 101 E. KENNEDY BLVD-Kennedy Blvd. STE. 2700 TAMPA FL 33602</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (DATE: \_\_\_\_\_)  
Signature of the principal place of business registered agent and, if applicable, (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, ROBERT L		12 NAME				
STREET ADDRESS	1601 ELM STREET		13 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75201		14 CITY-ST-ZIP				
TITLE	C	<input type="checkbox"/> DELETE	21 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN F		22 NAME				
STREET ADDRESS	1375 E. NINTH STREET -		23 STREET ADDRESS	127 Public Square			
CITY-ST-ZIP	CLEVELAND OH 44114		24 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISSMAN, JACK P.		32 NAME				
STREET ADDRESS	3903 NORTHDAL BLVD.		33 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		34 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, MICHAEL		42 NAME				
STREET ADDRESS	489 FIFTH AVE. - -		43 STREET ADDRESS	200 Park Avenue			
CITY-ST-ZIP	NEW YORK NY 10017 - -		44 CITY-ST-ZIP	10166			
TITLE	D	<input checked="" type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, ARTHUR L		52 NAME	D			
STREET ADDRESS	1301 MCKINEEY ST.		53 STREET ADDRESS	Gallagher, David W.			
CITY-ST-ZIP	HOUSTON TX 77010		54 CITY-ST-ZIP	191 Peachtree Street, NE			
TITLE	D	<input type="checkbox"/> DELETE	61 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, ARTHUR J		62 NAME				
STREET ADDRESS	123 NORTH WACKER DRIVE -		63 STREET ADDRESS	225 West Wacker Drive			
CITY-ST-ZIP	CHICAGO IL 60606		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Jack P. Wissman* Jack P. Wissman 6/7/96 813-961-7494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)