

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000031210 (6)**

1. Corporation Name  
**HABER & LEWIS, P.A.**



Principal Place of Business: **ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BLVD. STE. 3250, MIAMI FL 33131**  
Mailing Address: **ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BLVD. STE. 3250, MIAMI FL 33131**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **04/28/1993**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **65-0404481**  
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

**LEWIS, HAROLD L ESQ.  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD. STE. 3250  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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

1	<input type="checkbox"/> DELETE	D HABER, DAVID B 2 SOUTH BISCAYNE BLVD. STE. 3250 MIAMI FL 33131
2	<input type="checkbox"/> DELETE	D LEWIS, HAROLD L 2 SOUTH BISCAYNE BLVD. STE. 3250 MIAMI FL 33131
3	<input type="checkbox"/> DELETE	
4	<input type="checkbox"/> DELETE	
5	<input type="checkbox"/> DELETE	
6	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 of the register 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, in an attachment with an address.

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

1/26/96

CR2E034 (12/95)