

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P93000039733 (9)**

1. Corporation Name  
**SMITH BARNEY PRIVATE TRUST COMPANY OF FLORIDA**



Principal Place of Business: **625 NORTH FLAGLER DRIVE 8TH FLOOR WEST PALM BEACH FL**  
Mailing Address: **625 NORTH FLAGLER DRIVE 8TH FLOOR WEST PALM BEACH FL**

3. Date Incorporated or Qualified: **06/04/1993** 3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **65-0413973** 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

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

**9. Name and Address of Current Registered Agent**

**John M. Kindred  
243 Kenlyn Road  
Palm Beach, FL 33480**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0407 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: \_\_\_\_\_ FULL Registered Agent Signature (to be provided on filing): \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNN, HERBERT L</b>	
STREET ADDRESS	<b>7926 FISHER ISLAND DR FISHER ISLAND FL 33109</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EDDS, JOHN R</b>	
STREET ADDRESS	<b>26310 DEVONSHIRE COURT #101 BONITA SPRINGS FL 33923</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KINDRED, JOHN M</b>	
STREET ADDRESS	<b>243 KENLYN ROAD PALM BEACH FL 33480</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GELLER, BARRY J</b>	
STREET ADDRESS	<b>200 E. 61ST STREET NEW YORK NY</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JEROME, ROBERT F</b>	
STREET ADDRESS	<b>4251 CASPER COURT HOLLYWOOD FL</b>	
CITY-STATE-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STINCHCOMB, CARL J</b>	
STREET ADDRESS	<b>231 SOUTHLAND ROAD PALM BEACH FL</b>	
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>George Ross</b>	
13 STREET ADDRESS	<b>388 Greenwich St., 39th Floor New York, NY 10013</b>	
14 CITY-STATE-ZIP		
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Kenneth Sussman</b>	
23 STREET ADDRESS	<b>701 Brickell Avenue, Suite 1500 Miami, FL 33131</b>	
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Heidi Miller</b>	
43 STREET ADDRESS	<b>388 Greenwich St., 39th Floor New York, NY 10013</b>	
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
55 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
56 NAME		
57 STREET ADDRESS		
58 CITY-STATE-ZIP		

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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)(c), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 employed 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 a address.

SIGNATURE: **John M. Kindred** 1-22-96 (407) 820-2364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)