**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:42

DOCUMENT # **P94000052085 (5)**

1. Corporation Name

**BRONSTEIN, CARLSON, GLEIM & SMITH, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1303 PASS-A-GRILLE WAY<br>ST. PETERSBURG BEACH FL 33706 | 1303 PASS-A-GRILLE WAY<br>ST. PETERSBURG BEACH FL 33706 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 150 Second Avenue North<br>Suite, Apt. #, etc. | 26 150 Second Avenue North<br>Suite, Apt. #, etc. |
| 22 Suite 1100<br>City & State | 27 Suite 1100<br>City & State |
| 23 St. Petersburg, FL<br>Zip / Country | 28 St. Petersburg, FL<br>Zip / Country |
| 24 33701 25 | 29 33701 30 |

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

4. FEI Number: 59-3256800 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| BRONSTEIN, JOEL D<br>1303 PASS-A-GRILLE WAY<br>ST. PETERSBURG BEACH FL 33706 | 81 Name: Bronstein, Joel D.<br>82 Street Address (P.O. Box Number is Not Acceptable): 150 Second Avenue North<br>83 Suite 1100<br>84 City: St. Petersburg FL 85 Zip Code: 33701 |

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D/S/T ☐ Change ☒ Addition |
| NAME | BRONSTEIN, JOEL D | 12 NAME | Carlson, Susan W. |
| STREET ADDRESS | 1303 PASS-A-GRILLE WAY | 13 STREET ADDRESS | 1301 Pass-A-Grille Way |
| CITY-ST-ZIP | ST. PETERSBURG BEACH FL 33706 | 14 CITY-ST-ZIP | St. Petersburg Beach, FL 33706 |
| TITLE | | 21 TITLE | D/VP ☐ Change ☒ Addition |
| NAME | | 22 NAME | Gleim, Holger D. |
| STREET ADDRESS | | 23 STREET ADDRESS | 870 Sand Pine Drive NE |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | St. Petersburg, FL 33703 |
| TITLE | | 31 TITLE | D/VP ☐ Change ☒ Addition |
| NAME | | 32 NAME | Smith, Thomas B. |
| STREET ADDRESS | | 33 STREET ADDRESS | 815 Jennings Avenue North |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | St. Petersburg, FL 33704 |
| TITLE | | 41 TITLE | D/P ☐ Change ☒ Addition |
| NAME | | 42 NAME | Bronstein, Joel D. |
| STREET ADDRESS | | 43 STREET ADDRESS | 1303 Pass-A-Grille Way |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | St. Petersburg Beach, FL 33706 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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 no address.

**SIGNATURE:** Susan W. Carlson, Secretary 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0187234 FP