

**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 # **P94000088799 (9)**

1. Corporation Name

**NEIMARK, GREENE & NADEL, P.A.**



Principal Place of Business

800 CORPORATE DRIVE  
SUITE 602  
FT LAUDERDALE FL 33334  
US

Mailing Address

800 CORPORATE DRIVE  
SUITE 602  
FT LAUDERDALE FL 33334  
US

3. Date Incorporated or Qualified  
**12/06/1994**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**65-0539554**

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

**NEIMARK, CORT A  
800 CORPORATE DRIVE  
SUITE 602  
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

*Cort A Neimark*

Sign where, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/22/96*

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD NEIMARK, CORT A.**  
STREET ADDRESS **800 CORPORATE DRIVE, STE 602**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE  DELETE

NAME **SD NADEL, HOWARD B.**  
STREET ADDRESS **800 CORPORATE DRIVE, STE 602**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE  DELETE

NAME **TD GREENE, MICHAEL E.**  
STREET ADDRESS **800 CORPORATE DRIVE, STE 602**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cort A Neimark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/96 (954) 493-8000*  
Date Daytime Phone #

CR2E034 (12/95)