

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000011903 (7)

1. Corporation Name
HALICZER, PETTIS & WHITE, P.A.



Principal Place of Business: **101 E. KENNEDY BLVD. SUITE 2700 TAMPA FL 33602**

Mailing Address: **101 E. KENNEDY BLVD. SUITE 2700 TAMPA FL 33602-5170**

3. Date Incorporated or Qualified: **02/07/1996**

3a. Date of Last Report

4. FEI Number: **65-0641373**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. **101 N.E. 3RD AVE**

26. **101 N.E. 3RD AVE**

22. **6TH FLOOR**

27. **6TH FLOOR**

23. **FT. LAUDERDALE, FL**

28. **FT. LAUDERDALE, FL**

24. **33301**

25. **BROWARD**

29. **33301**

30. **BROWARD**

9. Name and Address of Current Registered Agent

WEINBREN, DON B
101 E. KENNEDY BLVD.
SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: **JAMES S. HALICZER**

82 Street Address (P.O. Box Number is Not Acceptable): **101 N.E. 3RD AVE, SUITE 600**

83 City: **FT. LAUDERDALE, FL 33301**

84 City: **FT. LAUDERDALE, FL 33301**

85 Zip Code: **FL**

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *James S. Haliczzer Pres* DATE: **5/6/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	JAMES S. HALICZER
STREET ADDRESS		1.3 STREET ADDRESS	101 NE 3RD AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V. PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	EUGENE K. PETTIS
STREET ADDRESS		2.3 STREET ADDRESS	101 NE 3RD AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	KENNETH E. WHITE
STREET ADDRESS		3.3 STREET ADDRESS	101 NE 3RD AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 attached page with an address.

SIGNATURE: *James S. Haliczzer Pres* DATE: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)