

**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**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>101 N.E. 3RD AVE</b>	26. <b>101 N.E. 3RD AVE</b>	<b>02/07/1996</b>	
22. <b>6TH FLOOR</b>	27. <b>6TH FLOOR</b>	4. FEI Number	Applied For
23. <b>FT. LAUDERDALE, FL</b>	28. <b>FT. LAUDERDALE, FL</b>	<b>65-0641373</b>	Not Applicable
24. <b>33301</b>	29. <b>33301</b>	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. <b>BROWARD</b>	30. <b>BROWARD</b>	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
10. Name and Address of New Registered Agent		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>JAMES S. HALICZER</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>101 N.E. 3RD AVE, SUITE 600</b>
83 City	<b>FT. LAUDERDALE, FL 33301</b>
84 City	<b>FL</b>
85 Zip Code	<b>33301</b>

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	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>JAMES S. HALICZER</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>101 NE 3RD AVE</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V. PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>EUGENE K. PETTIS</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>101 NE 3RD AVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>KENNETH E. WHITE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>101 NE 3RD AVE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>
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)