

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

APPROVED  
AND  
FILED

96 APR 10 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S18744** (0)

1. Corporation Name

**COONEY, WARD, LESHER & DAMON, P.A.**

Principal Place of Business

Mailing Address

**1555 PALM BEACH LAKES BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401**

**1555 PALM BEACH LAKES BLVD.  
SUITE 1000  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESHER, GERALD S.  
1555 PALM BEACH LKS BLVD.  
WEST PALM BEACH FL 33401**

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

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

(NOTE: Registered Agent's signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DPT**  
STREET ADDRESS **WARD, PHILIP H., III**  
CITY-ST-ZIP **1555 PALM BEACH LKS BLVD**  
**WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DVS**  
STREET ADDRESS **DAMON, CONRAD**  
CITY-ST-ZIP **1555 PALM BEACH LKS BLVD**  
**WEST PALM BEACH FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **LESHER, GERARD S.**  
CITY-ST-ZIP **1555 PALM BEACH LAKES BLVD**  
**WEST PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **POSNER, MICHAEL J.**  
CITY-ST-ZIP **1555 PALM BEACH LAKES BLVD**  
**WEST PALM BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200001775892  
-04/11/96-01012-006  
\*\*\*638.75 \*\*\*200.00

*JB 4/10*

3/26/96 407-6899411

CR2E034 (12/95)