

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:04

DOCUMENT # 018091

(9)

1. Corporation Name

BESSEMER TRUST COMPANY OF FLORIDA

Principal Place of Business

Mailing Address

222 ROYAL PALM WAY
PALM BEACH FL 33480

222 ROYAL PALM WAY
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1929

3a. Date of Last Report

02/17/1994

4. FEI Number

59-6067333

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELSON, FRANK E.
222 ROYAL PALM WAY
PALM BEACH FL 33480

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	HELSON, FRANK E.
STREET ADDRESS	222 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL
TITLE	PD
NAME	WHITMORE, JOHN R
STREET ADDRESS	630 5TH AVE
CITY-ST-ZIP	NEW YORK, NY 0
TITLE	V
NAME	HASTINGS, CHARLES W.
STREET ADDRESS	630 5TH AVE
CITY-ST-ZIP	NEW YORK, NY 0
TITLE	V
NAME	ELLIOTT, ROBERT C.
STREET ADDRESS	630 5TH AVENUE
CITY-ST-ZIP	NEW YORK NY
TITLE	V
NAME	WAIDE, PATRICK, J. JR.
STREET ADDRESS	630 5TH AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	V
NAME	SCHWIND, FRED J.
STREET ADDRESS	222 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 110.07(3)(b), 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:

Fred J. Schwind

Fred J. Schwind

1/27/95

407-655-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone