

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J05834** (3)

1. Corporation Name

DUNN, LODISH & WIDOM, P.A.



Principal Place of Business

**2 S. BISCAYNE BLVD.
2400 ONE BISCAYNE TOWER
MIAMI FL 33131**

Mailing Address

**2 S. BISCAYNE BLVD.
2400 ONE BISCAYNE TOWER
MIAMI FL 33131**

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**DUNN, RICHARD M.
2 SO. BISCAYNE BLVD.
2400 ONE BISCAYNE TOWER
MIAMI FL 33131**

81. Name

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

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

03/25/1986

3a. Date of Last Report

03/21/1995

4. FET Number

59-2649795

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 fully aware of, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME
**DP
DUNN, RICHARD M.
2 S. BISCAYNE BLVD #2400
MIAMI FL**

☐ DELETE

NAME
**DS
LODISH, ALVIN D.
2 S. BISCAYNE BLVD
MIAMI FL**

☐ DELETE

NAME
**DT
WIDOM, MITCHELL E.
2 S BISCAYNE BLVD #2400
MIAMI FL**

☐ DELETE

NAME
☐ DELETE

☐ DELETE

NAME
☐ DELETE

☐ DELETE

NAME
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS

14. CITY-STATE-ZIP
15. TITLE

16. NAME
17. STREET ADDRESS

18. CITY-STATE-ZIP
19. TITLE

20. NAME
21. STREET ADDRESS

22. CITY-STATE-ZIP
23. TITLE

24. NAME
25. STREET ADDRESS

26. CITY-STATE-ZIP
27. TITLE

28. NAME
29. STREET ADDRESS

30. CITY-STATE-ZIP
31. TITLE

32. NAME
33. STREET ADDRESS

34. CITY-STATE-ZIP
35. TITLE

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 included 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 registered 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, whichever is applicable, and is accompanied by an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D-1

Division of Corporations

CR2E034 (12/95)