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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **601038** **(3)**

1. Corporation Name

COLSON, HICKS, EIDSON, COLSON & MATTHEWS, P.A.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD.. FLOOR 47 S.E. FINANCIAL CENTER MIAMI FL 33131-9310	200 S. BISCAYNE BLVD.. FLOOR 47 S.E. FINANCIAL CENTER MIAMI FL 33131-9310

3. Date Incorporated or Qualified: **05/28/1969**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-1261170** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

5. Certificate of Status Desired ☐ $[illegible] 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

9. Name and Address of Current Registered Agent

HICKS,WILLIAM
200 S BISCAYNE BLVD 47TH FL
MIAMI FL 33131-9310

10. Name and Address of New Registered Agent

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 of president or vice president of registered agent corporation if registered agent is a corporation — NOTE: If registered agent is a limited partnership, signature of a general partner required. — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEWIS S. EIDSON 200 S. BISCAYNE BLVD MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DEAN C. COLSON 200 S. BISCAYNE BLVD MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEAN C. COLSON 200 S. BISCAYNE BLVD. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLSON, BILL 200 S BISCAYNE BLVD MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HICKS, WILLIAM M 200 S BISCAYNE BLVD MIAMI FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MATTHEWS, JOSEPH 200 S BISCAYNE BLVD MIAMI FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 — Date: 4/29/96 — (305) 373-5400 Daytime Phone #

CR2E034 (12/95)

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