

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

CMRRR # 2167 562 927

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L01770** (1)

1. Corporation Name  
**BARBER & BRONSON INCORPORATED**



Principal Place of Business <del>201 WEST COMMERCIAL BOULEVARD SUITE 4500 FT. LAUDERDALE FL 33309</del>	Mailing Address <del>201 WEST COMMERCIAL BOULEVARD SUITE 4500 FT. LAUDERDALE FL 33309</del>
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2. Principal Place of Business 21 <b>201 S. Biscayne Blvd.</b> Suite, Apt. #, etc. 22 <b>Suite 2950</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33131</b>	2a. Mailing Address 26 <b>201 S. Biscayne Blvd.</b> Suite, Apt. #, etc. 27 <b>Suite 2950</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33131</b>	3. Date Incorporated or Qualified <b>07/13/1989</b>	3a. Date of Last Report <b>05/01/1995</b>	4. FEI Number <b>65-0201574</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BRONSON, STEVEN N 201 WEST COMMERCIAL BLVD. SUITE 4500 FT. LAUDERDALE FL 33309</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>201 S. Biscayne Blvd.</b> 83 <b>Suite 2950</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</b>
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed in block on separate sheet and filed with report. (TYPE) Registered Agent signature required unless notating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<b>BRONSON, STEVEN N.</b> <b>2101 W. COMMERCIAL BLVD, STE. 1500</b> <b>FT. LAUDERDALE FL</b>	1. TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME <b>Elliott, Eric R.</b>	
STREET ADDRESS		3. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP		4. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE <b>DV</b>	<b>BARBER, BRUCE C.</b> <b>2101 W. COMMERCIAL BLVD, STE. 1500</b> <b>FT. LAUDERDALE FL</b>	2. TITLE <b>Exec. Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME <b>Cassel, James S.</b>	
STREET ADDRESS		3. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP		4. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE		3. TITLE <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. NAME <b>Booth, Barry J.</b>	
STREET ADDRESS		3. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP		4. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE		4. TITLE <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME <b>Bronson, Steven N.</b>	
STREET ADDRESS		4. STREET ADDRESS <b>201 S. Biscayne Blvd., Suite 2950</b>	
CITY-ST-ZIP		4. CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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 applicable, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (302) 536-8500

CR2E034 (12/95)