2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State
02-09-2006 90111 005 ***150.00

DOCUMENT # 601911

1. Entity Name
ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.

400113U8

Principal Place of Business	Mailing Address
100 S.E. 3RD AVENUE SUITE 1400 FT. LAUDERDALE, FL 33394	ONE FINANCIAL PLAZA SUITE 1400 FT. LAUDERDALE, FL 33394

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1285529
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ATKINSON, WILSON C. III~~ Stone, Adele I
ONE FINANCIAL PLAZA
SUITE 1400
FT. LAUDERDALE, FL 33394

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Adele Stone 1/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PLOUCHA, LAWRENCE M
STREET ADDRESS	ONE FINANCIAL PLAZA
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	PD
NAME	ATKINSON, WILSON C. III
STREET ADDRESS	ONE FINANCIAL PLAZA
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	VD
NAME	DINER, JESSE H
STREET ADDRESS	ONE FINANCIAL PLAZA
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	STD ✓
NAME	STONE, ADELE I
STREET ADDRESS	ONE FINANCIAL PLAZA
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	VD
NAME	MANKUTA, DAVID B
STREET ADDRESS	ONE FINANCIAL PLAZA
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adele Stone 1/25/06 954-925-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #