

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **546702** (2)

1. Corporation Name

**BARNES, VAN VORST, REPOSA, GOSNELL & INDOWSKY, P.A.**



Principal Place of Business

Mailing Address

2929 EAST COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308-4296

2929 EAST COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308-4296

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**BARNES, JOSEPH B. JR.  
2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL**

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

**FL**

85. Zip Code

3. Date Incorporated or Qualified

**08/18/1977**

3a. Date of Last Report

**04/18/1995**

4. FEI Number

**59-1744054**

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Name of Registered Agent (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BARNES, JOSEPH B. JR 2929 E. COMMERCIAL BLVD. FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	VD VAN VORST, JOHN E 2372 NE 30 COURT LIGHTHOUSE POINT FL	<input type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS	DV INDOWSKY, HYMAN 3925 NE 22ND AVE. FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.2 NAME
CITY, STATE, ZIP	SD REPOSA, RICHARD 2375 NE 29TH ST. LIGHTHOUSE POINT FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
TITLE	DV GOSNELL, THOMAS G. 6421 N.E. 21ST RD FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.4 CITY, STATE, ZIP
NAME		<input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	3.2 NAME
CITY, STATE, ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY, STATE, ZIP
NAME		<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	4.2 NAME
CITY, STATE, ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY, STATE, ZIP
NAME		<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	5.2 NAME
CITY, STATE, ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY, STATE, ZIP
NAME		<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	6.2 NAME
CITY, STATE, ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	6.4 CITY, STATE, ZIP

SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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. I am an officer or director of the corporation or the receiver or trustee or person 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 corrected in accordance with an address.

SIGNATURE: *Thomas G. Gosnell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB - 5 1996

CR2E034 (12/95)