

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 571366 (4)

1. Corporation Name

FLORIDA MUNICIPAL ADVISORS, INC.

Principal Place of Business

Mailing Address

9121 NO MILITARY TR
STE 200
PALM BCH Gdns FL 33410
US

9121 NO MILITARY TR
STE 200
PALM BCH Gdns FL 33410
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/09/1978

3a. Date of Last Report

04/26/1994

4. FEI Number

59-1848466

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. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

BENNETT, CLARK

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME HAWKES, RUSSELL
STREET ADDRESS 9121 N MILITARY TRAIL SUITE 200
CITY - ST - ZIP PALM BCH GARDENS FL

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

WIPREDO GORT

☒ Change ☐ Addition

TITLE D
NAME HAWKES, RUSSELL
STREET ADDRESS 9121 N MILITARY TRAIL SUITE 200
CITY - ST - ZIP PALM BCH GARDENS FL

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

SVP, D
BURDETTE, WILLIAM R.

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

VP BENNETT, CLARK
9121 N. Military Trail, Ste 200
Palm Bch Gardens, FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

VP BRANDT, DAVID

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

VP ANDERSEN, QUANTILLA

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. BURDETTE
SVP

6/17/95

(305) 572-8000