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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 577709 (9)

1. Corporation Name

LEWIS, VEGOSEN, ROSENBACH & SILBER, P.A.

Principal Place of Business

500 S AUSTRALIAN AVE  
P. O. BOX 4388  
W. PALM BCH. FL 33401

Mailing Address

500 S AUSTRALIAN AVE  
P. O. BOX 4388  
W. PALM BCH. FL 33401-6223

3. Date Incorporated or Qualified  
06/30/1978

3a. Date of Last Report  
07/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number  
59-1833137

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

9. Name and Address of Current Registered Agent

VEGOSEN, DEAN (ESQ.)  
500 S AUSTRALIAN AVE, TENTH FLOOR  
W PALM BCH. FL. FL 33402-1388

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	VEGOSEN, DEAN	
STREET ADDRESS	500 S AUSTRALIAN AVE	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE	D	DELETE
NAME	VEGOSEN, DEAN	
STREET ADDRESS	500 S AUSTRALIAN AVE	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE	DVA	DELETE
NAME	ROSENBACH, DEAN J	
STREET ADDRESS	500 S AUSTRALIAN AVE	
CITY - ST - ZIP	W. PALM BCH. FL	
TITLE	S	DELETE
NAME	TREADWELL, KENNETH A.	
STREET ADDRESS	500 S. AUSTRALIAN AVE.	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	DVP	DELETE
NAME	SILBER, LOUIS M	
STREET ADDRESS	500 S. AUSTRALIAN AVE.	
CITY - ST - ZIP	W. PALM BCH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Dean Vego* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (561) 659-3300

Date

Daytime Phone #

0294812

CR2E034 (9/96)