

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 3-15-96 B 2308

DOCUMENT # 600252 (1)

1. Corporation Name  
**GOODMAN, WEBBER AND HINDEN, P.A.**



Principal Place of Business  
**6200 STIRLING RD.  
 FT. LAUDERDALE FL 33314**

Mailing Address  
**6200 STIRLING RD.  
 FT. LAUDERDALE FL 33314**

2. Principal Place of Business

2a. Mailing Address

21. Under April 6, etc.

26. Under April 6, etc.

22. City & State

27. City & State

23. Zip County

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**WEBBER, BARRY S.  
 6200 STIRLING ROAD  
 FT. LAUDERDALE FL 33314**

81. Name

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

83.

84. City

FL 85. Zip Code

3. Date Incorporated or Qualified  
**08/24/1966**

3a. Date of Last Report  
**02/07/1995**

4. FEIN Number  
**59-1148919**

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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.09(4) and 607.15(9), 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 607.09(4), Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Registered Agent

Date

12. TITLE	OFFICERS AND DIRECTORS	[ ] DELETE
CEO	<b>P WEBBER, BARRY S. 6200 STIRLING RD. FORT LAUDERDALE FL ST</b>	[ ] DELETE
VP	<b>HINDEN, JON A. 6200 STIRLING RD. FORT LAUDERDALE FL</b>	[ ] DELETE
SECRETARY		[ ] DELETE
ASST. SECRETARY		[ ] DELETE
CHIEF FINANCIAL OFFICER		[ ] DELETE
CHIEF LEGAL COUNSEL		[ ] DELETE
CHIEF TAX OFFICER		[ ] DELETE
CHIEF COMPLIANCE OFFICER		[ ] DELETE
CHIEF RISK OFFICER		[ ] DELETE
CHIEF INFORMATION OFFICER		[ ] DELETE
CHIEF SECURITY OFFICER		[ ] DELETE
CHIEF ENVIRONMENTAL OFFICER		[ ] DELETE
CHIEF SUSTAINABILITY OFFICER		[ ] DELETE
CHIEF DIVERSITY OFFICER		[ ] DELETE
CHIEF ETHICS OFFICER		[ ] DELETE
CHIEF SOCIAL RESPONSIBILITY OFFICER		[ ] DELETE
CHIEF COMMUNITY RELATIONS OFFICER		[ ] DELETE
CHIEF PUBLIC AFFAIRS OFFICER		[ ] DELETE
CHIEF GOVERNANCE OFFICER		[ ] DELETE

13. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	[ ] Change [ ] Addition
13 NAME		[ ] Change [ ] Addition
13 STREET ADDRESS		[ ] Change [ ] Addition
14 CITY, ST, ZIP		[ ] Change [ ] Addition
21 TITLE		[ ] Change [ ] Addition
22 NAME		[ ] Change [ ] Addition
23 STREET ADDRESS		[ ] Change [ ] Addition
24 CITY, ST, ZIP		[ ] Change [ ] Addition
31 TITLE		[ ] Change [ ] Addition
32 NAME		[ ] Change [ ] Addition
33 STREET ADDRESS		[ ] Change [ ] Addition
34 CITY, ST, ZIP		[ ] Change [ ] Addition
41 TITLE		[ ] Change [ ] Addition
42 NAME		[ ] Change [ ] Addition
43 STREET ADDRESS		[ ] Change [ ] Addition
44 CITY, ST, ZIP		[ ] Change [ ] Addition
51 TITLE		[ ] Change [ ] Addition
52 NAME		[ ] Change [ ] Addition
53 STREET ADDRESS		[ ] Change [ ] Addition
54 CITY, ST, ZIP		[ ] Change [ ] Addition
61 TITLE		[ ] Change [ ] Addition
62 NAME		[ ] Change [ ] Addition
63 STREET ADDRESS		[ ] Change [ ] Addition
64 CITY, ST, ZIP		[ ] Change [ ] 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(7)(b), Florida Statutes. I further certify that the information included 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if change of or original agent with an address.

SIGNATURE:

JON A. HINDEN 3 /11/1996

305 961-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)