FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:54

DOCUMENT # 601041 (7)

1. Corporation Name

PODHURST, ORSECK, JOSEFSBERG, EATON, MEADOW, OLIN & PERWIN, P.A.

Principal Place of Business	Mailing Address
25 W. FLAGLER ST #800 MIAMI FL 33130	25 W. FLAGLER ST #800 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/28/1969
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1263739 ☐ 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

BECKHAM, WALTER H., JR
25 W FLAGLER ST
#800
MIAMI FL 33130

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 (if other than a printed name of registered agent and the officer/director) NOTE: Registered Agent signature required when mandatory DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AV	11 TITLE	P/D	☐ Change XX Addition
NAME	PERWIN, JOEL S.	12 NAME	PODHURST, AARON S.	
STREET ADDRESS	25 W FLAGLER ST #800	13 STREET ADDRESS	25 West Flagler St., #800	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, Fl 33130	
TITLE	AV	21 TITLE		☐ Change ☐ Addition
NAME	EATON, JOEL	22 NAME		
STREET ADDRESS	25 W FLAGLER ST #800	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	ST	31 TITLE	ST/D	XX Change ☐ Addition
NAME	BECKHAM, WALTER H. JR	32 NAME	BECKHAM, WALTER H. JR.	
STREET ADDRESS	25 W FLAGLER ST #800	33 STREET ADDRESS	25 W. Flagler St., #800	
CITY ST ZIP	MIAMI FL 33130	34 CITY ST ZIP	Miami, FL 33130	
TITLE	AV	41 TITLE		☐ Change ☐ Addition
NAME	JOSEFBERG, ROBERT C	42 NAME		
STREET ADDRESS	25 W FLAGLER STREET #800	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33130	44 CITY ST ZIP		
TITLE	AV	51 TITLE		☐ Change ☐ Addition
NAME	MEADOW, BARRY L	52 NAME		
STREET ADDRESS	25 W FLAGLER STREET #800	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33130	54 CITY ST ZIP		
TITLE	AV	61 TITLE		☐ Change ☐ Addition
NAME	OLIN, MICHAEL S	62 NAME		
STREET ADDRESS	25 W FLAGLER STREET #800	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33130	64 CITY ST ZIP		

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)(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 added to the report. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending authorization to transact business in Florida is a third degree felony as provided for in Section 817.155, Florida Statutes.

SIGNATURE: Aaron S. Podhurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Aaron S. Podhurst

1/10/95 DATE

350-2000 DAYTIME TELEPHONE NUMBER

0120704 CP