

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601395 (7)

1. Corporation Name

Zisser, Robison, Brown & Nowlis, P.A.

Principal Place of Business

1200 Gulf Life Dr.
Suite 630
Jacksonville, FL 32207

Mailing Address

1200 Gulf Life Dr.
Suite 630
Jacksonville, FL 32207

2. Principal Place of Business

21 1200 RiverPlace Blvd.

Suite, Apt. #, etc.

22 Suite 630

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 Duval

2a. Mailing Address

26 1200 RiverPlace Blvd.

Suite, Apt. #, etc.

27 Suite 630

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 Duval

3. Date Incorporated or Qualified

09/15/1969

3a. Date of Last Report

4. FEI Number

59-127622

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

Zisser, Barry L.
1200 Riverplace Blvd. Suite 630
Jacksonville, FL 32207

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 title, if applicable

(NOTE: Registered Agent signature, required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1200 RiverPlace Blvd., #630
Jacksonville, FL 32207

☐ Change ☐ Addition

1200 RiverPlace Blvd., #630
Jacksonville, FL 32207

☐ Change ☐ Addition

1200 RiverPlace Blvd., #630
Jacksonville, FL 32207

☐ Change ☐ Addition

1200 RiverPlace Blvd., #630
Jacksonville, FL 32207

☐ Change ☐ Addition

900001793719

04/25/96-01012-038

***\$200.00

☐ 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 on an attachment with an address.

SIGNATURE:

Nancy N. Nowlis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1996

Date

904-398-6100

Daytime Phone

CR2E034 (12/95)