

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 # **602154** (7)

1. Corporation Name

**FWLER, WHITE, BURNETT, HURLEY, BANICK & STRICKR
OOT A PROFESSIONAL ASSOCIATION**

Principal Place of Business

Mailing Address

100 SE 2ND ST.
17TH FLOOR
MIAMI FL 32131

100 SE 2ND ST.
17TH FLOOR
MIAMI FL 32131



3. Date Incorporated or Qualified

06/12/1970

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1303994

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRICKROOT, JOHN C
100 SE 2ND ST.
17TH FLOOR
MIAMI FL 32131**

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: **S
BANICK, RICHARD S**
STREET ADDRESS: **100 SE 2ND ST.**
CITY-ST-ZIP: **MIAMI FL 32131**

TITLE ☐ DELETE

NAME: **PD
STRICKROOT, JOHN C.**
STREET ADDRESS: **100 SE 2ND ST.**
CITY-ST-ZIP: **MIAMI FL 32131**

TITLE ☐ DELETE

NAME: **VDT
ALTMAN, STUART H.**
STREET ADDRESS: **100 SE 2ND ST.**
CITY-ST-ZIP: **MIAMI FL 32131**

TITLE ☒ DELETE

NAME: **VD
CLAYTON, WILLIAM R**
STREET ADDRESS: **100 SE 2ND ST.**
CITY-ST-ZIP: **MIAMI FL 32131**

TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE ☐ DELETE

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

**VD
KNIGHT, CHRISTOPHER E.
100 S E 2nd ST
Miami, FL 33131**

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: **John C. Strickroot - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25, 1996

Date

(305) 789-9200

Daytime Phone #

CR2E034 (12/95)