

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:37

**DOCUMENT # 604177 (6)**

1. Corporation Name

**KORNREICH, CASEY, CROSLAND & BRANNICK, P.A.**

Principal Place of Business  
**STE.3800, S.E. FINANCIAL CENTER  
 200 S. BISCAYNE BLVD.  
 MIAMI FL 33131-9038**

Mailing Address  
**STE.3800, S.E. FINANCIAL CENTER  
 200 S. BISCAYNE BLVD.  
 MIAMI FL 33131-9038**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/22/1973**

3a. Date of Last Report  
**04/06/1994**

4. FEI Number  
**59-1448153**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for filing fees under s. 199.002, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt # etc

26. Suite, Apt # etc

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUFFNER, CHARLES L  
 3001 SW 3RD AVENUE  
 MIAMI FL 33129**

81. Name **N/A**

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 607.1506, 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 the date)

(Signature typed or printed name of registered agent and the date)

(Date)

**OFFICERS AND DIRECTORS**

**ADDITIONAL OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | VP                    |
| NAME           | ROGERS, GORDON D.     |
| STREET ADDRESS | 1609 S.E. 12TH STREET |
| CITY, ST, ZIP  | FT. LAUDERDALE FL     |
| TITLE          | AVP                   |
| NAME           | SYGER, ELIZABETH S.   |
| STREET ADDRESS | 447 S.E. 11TH TERR.   |
| CITY, ST, ZIP  | DANIA FL              |
| TITLE          | AVP                   |
| NAME           | JOHNSON, CARMEN G.    |
| STREET ADDRESS | 18944 S.W. 93RD COURT |
| CITY, ST, ZIP  | MIAMI, FL 00000       |
| TITLE          | STD                   |
| NAME           | BRANNICK, JAMES S     |
| STREET ADDRESS | 10220 S.W. 60TH AVE.  |
| CITY, ST, ZIP  | MIAMI, FL 00000       |
| TITLE          | VP                    |
| NAME           | GRONDA, JOHN D.       |
| STREET ADDRESS | 1560 S.W. 5TH AVENUE  |
| CITY, ST, ZIP  | BOCA RATON FL         |
| TITLE          | VP                    |
| NAME           | HEIDMANN, PAUL C.     |
| STREET ADDRESS | 1139 OBISPO AVE.      |
| CITY, ST, ZIP  | CORAL GABLES FL       |

|                    |                            |                                                                   |
|--------------------|----------------------------|-------------------------------------------------------------------|
| 1. TITLE           | PRESIDENT/DIRECTOR         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            | DAVID V. KORNREICH         |                                                                   |
| 3. STREET ADDRESS  | 255 SOUTH ORANGE AVENUE    |                                                                   |
| 4. CITY, ST, ZIP   | ORLANDO, FLORIDA 32801     |                                                                   |
| 5. TITLE           | V. PRESIDENT /DIRECTOR     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            | JAMES C. CROSLAND          |                                                                   |
| 7. STREET ADDRESS  | 6375 S.W. 116TH STREET     |                                                                   |
| 8. CITY, ST, ZIP   | MIAMI, FLORIDA 33156       |                                                                   |
| 9. TITLE           | AVP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           | DEBRA A. ABEOTT            |                                                                   |
| 11. STREET ADDRESS | 12611 COUNTRY MEADOW COURT |                                                                   |
| 12. CITY, ST, ZIP  | ORLANDO, FLORIDA 32828     |                                                                   |
| 13. TITLE          | V. PRESIDENT /DIRECTOR     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           | MICHAEL W. CASEY           |                                                                   |
| 15. STREET ADDRESS | 6385 S.W. 60th AVE.        |                                                                   |
| 16. CITY, ST, ZIP  | MIAMI, FLORIDA 33156       |                                                                   |
| 17. TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                            |                                                                   |
| 19. STREET ADDRESS |                            |                                                                   |
| 20. CITY, ST, ZIP  |                            |                                                                   |
| 21. TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                            |                                                                   |
| 23. STREET ADDRESS |                            |                                                                   |
| 24. CITY, ST, ZIP  |                            |                                                                   |

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:

*James S. Brannick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95

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