

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 # 604509 (0)

1. Corporation Name

GUSTAFSON, STEPHENS, FERRIS & KNIGHT, P.A.



Principal Place of Business

Mailing Address

540 NORTHEAST 4TH. STREET
FT LAUDERDALE FL 33301

540 NORTHEAST 4TH. STREET
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

07/10/1973

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1467289

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

22

27

23

28

24

Country

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS JOHN E, JR
540 NE 4TH ST
FT LAUDERDALE FL 33301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME FERRIS, ROBERT JR
STREET ADDRESS 540 NE 4TH STREET
CITY-STATE-ZIP FT LAUDERDALE, FL 00000 ☐ DELETE

1.1 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE D
NAME KNIGHT, GERALD L.
STREET ADDRESS 540 NE 4TH STREET
CITY-STATE-ZIP FT LAUDERDALE, FL 00000 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE SD
NAME STEPHENS, JOHN JR
STREET ADDRESS 540 NE 4TH STREET
CITY-STATE-ZIP FT LAUDERDALE, FL 00000 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE TD
NAME FORMAN, PETER J
STREET ADDRESS 540 NE 4TH STREET
CITY-STATE-ZIP FT LAUDERDALE, FL 00000 ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE PD
NAME GUSTAFSON, JOEL
STREET ADDRESS 540 NE 4TH STREET
CITY-STATE-ZIP FT LAUDERDALE, FL 00000 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this 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 registered agent, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

468-7868

Daytime Phone #

CR2E034 (12/95)