

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F07132 (6)

1. Corporation Name

SHEAR, NEWMAN, HAHN & ROSENKRANZ, P.A.

Principal Place of Business

Mailing Address

**201 E. KENNEDY BLVD., SUITE 1000
TAMPA FL 33602-2117**

**201 E. KENNEDY BLVD., SUITE 1000
TAMPA FL 33602-2117**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1980

3a. Date of Last Report

04/07/1994

4. FEI Number

59-2044610

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

21 201 E. Kennedy Blvd.
Suite, Apt. #, etc.

26 201 E. Kennedy Blvd.
Suite, Apt. #, etc.

22 10th Floor
City & State

27 10th Floor
City & State

23 Tampa, FL

28 Tampa, FL

24 33602-2117

25 US

29 33602-2117

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENKRANZ, STANLEY W
201 E KENNEDY BLVD
10TH FLOOR
TAMPA FL 33602**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ROSENKRANZ, STANLEY W.**
STREET ADDRESS **201 E KENNEDY BLVD, #1000**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **VD**
NAME **HAHN, WILLIAM E**
STREET ADDRESS **201 E KENNEDY BLVD, #1000**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **STD**
NAME **MORGAN, RODNEY W.**
STREET ADDRESS **201 E KENNEDY BLVD #1000**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**See Attached Sheet for
Additional Officers**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stanley W. Rosenkranz
Stanley W. Rosenkranz, President/Director

4-19-95

813/228-8530

(Date)

(Telephone Area #)