

**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 # **F11493** (6)

1. Corporation Name  
**COLLINSWORTH, ALTER, NIELSON, FOWLER & DOWLING, INC.**



Principal Place of Business: 5979 N.W. 151ST ST., SUITE 105 P.O. BOX 9315 MIAMI LAKES FL 33014-6315  
Mailing Address: 5979 N.W. 151ST ST., SUITE 105 P.O. BOX 9315 MIAMI LAKES FL 33014-6315

3. Date Incorporated or Qualified: 12/22/1980  
3a. Date of Last Report: 03/22/1995  
4. FEI Number: 59-2053159  
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 33014-9315 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 33014-9315 Country: 29, 30

9. Name and Address of Current Registered Agent  
**ALTER, DAVID I.  
5979 N.W. 151ST #105  
SUITE 200  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent, as in block 9, applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLINSWORTH, W MEADE	
STREET ADDRESS	5979 N W 151 STR., #105	
CITY-ST-ZIP	MIAMI LKS, FLORIDA 3	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOWLING, LYNN	
STREET ADDRESS	5979 N W 151 STR., #105	
CITY-ST-ZIP	MIAMI LKS, FLORIDA 0	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALTER, DAVID I	
STREET ADDRESS	5979 N W 151 STR., #105	
CITY-ST-ZIP	MIAMI LKS, FLORIDA 3	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NIELSON, CHARLES J.	
STREET ADDRESS	5965 N.W. 151 STREET	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOWLER, LEE R.	
STREET ADDRESS	5965 NW 151 STREET	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *W. Meade Collinsworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **W. Meade Collinsworth, Pres.**

2-23-96 305-822-7800  
Date: \_\_\_\_\_ Office Phone # \_\_\_\_\_

CR2E034 (12/95)