

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 # **F45801** (0)

1. Corporation Name

**JEROME L. HALL, P.A.**



Principal Place of Business

Mailing Address

**600 SOUTH ANDREWS AVENUE  
SUITE 601  
FT LAUDERDALE FL 33301**

**600 SOUTH ANDREWS AVENUE  
SUITE 601  
FT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 **6299 W. Sunrise Boulevard**

26 **6299 W. Sunrise Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 112**

27 **Suite 112**

City & State

City & State

23 **Sunrise, FL**

28 **Sunrise, FL**

Zip

Zip

Country

Country

24 **33313**

25 **Broward**

29 **33313**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, JEROME L  
600 S. ANDREWS AVE. STE 601  
FT LAUDERDALE FL 33301**

81 Name

**Jerome L. Hall**

82 Street Address (P.O. Box Number is Not Acceptable)

**6299 W. Sunrise Boulevard, Suite 112**

83

**Sunrise, FL 33313**

84 City

**Sunrise**

FL

85 Zip Code

**33313**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HALL, JEROME L  
600 S. ANDREWS AVE. 601  
FT LAUD, FL 00000**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**P  
Jerome L. Hall  
6299 W. Sunrise Boulevard, Suite 112  
Sunrise, FL 33313**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 (205) 467-1940

CR2E034 (12/95)