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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F50038

(1)

1. Corporation Name

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTER
SON, P.A.

Principal Place of Business

C/O ALLISON W. MILLER
150 WEST FLAGLER ST
MIAMI FL 33130

Mailing Address

C/O ALLISON W. MILLER
150 WEST FLAGLER ST
MIAMI FL 33130-1536



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1981

3a. Date of Last Report

02/19/1996

4. FEI Number

59-2126062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

STEARNS, EUGENE E.
150 WEST FLAGLER ST
MUSEUM TOWER
MIAMI FL 33130

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	SD	<input type="checkbox"/> DELETE
NAME	MILLER, ALISON W.	
STREET ADDRESS	150 WEST FLAGLER ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	STEARNS, EUGENE E	
STREET ADDRESS	150 WEST FLAGLER ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	OV	<input type="checkbox"/> DELETE
NAME	WEISSLER, ROBERT I.	
STREET ADDRESS	150 WEST FLAGLER ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SITTERSON, CURTIS H.	
STREET ADDRESS	150 WEST FLAGLER ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALHADEFF, E. RICHARD	
STREET ADDRESS	150 WEST FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEAVER, RONALD L	
STREET ADDRESS	401 EAST JACKSON ST.	
CITY - ST - ZIP	TAMPA FL 33602	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Alison Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

805-789-3500
Daytime Phone #

CR2E034 (9/96)

ADDITIONAL DIRECTORS

Brian J. McDonough
150 West Flagler Street
Suite 2200
Miami, FL 33130

Vicki L. Monroe
150 West Flagler Street
Suite 2200
Miami, FL 33130

Teddy D. Klinghoffer
150 West Flagler Street
Suite 2200
Miami, FL 33130

Harold D. Moorefield, Jr.
150 West Flagler Street
Suite 2200
Miami, FL 33130

Bradford Swing
150 West Flagler Street
Suite 2200
Miami, FL 33130

Lawrence J. Bailin
401 East Jackson Street
Suite 2200
Tampa, FL 33602

Alice R. Huneycutt
401 East Jackson Street
Suite 2200
Tampa, FL 33602

John K. Olson
401 East Jackson Street
Suite 2200
Tampa, FL 33602

Lisa K. Bennett
200 East Broward Blvd.
Suite 1900
Ft. Lauderdale, FL 33301

Tom P. Angelo
200 East Broward Blvd.
Suite 1900
Ft. Lauderdale, FL 33301