

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**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 # F60037 (1)**

1. Corporation Name  
**A.J. PANZARELLA & CO. INC.**



Principal Place of Business: **7060 SW 22 CT DAVIE FL 33317**  
Mailing Address: **200 E LAS OLAS BLVD SUITE 1400 FT LAUDERDALE FL 33301-2240**

3. Date Incorporated or Qualified: **01/01/1982**  
3a. Date of Last Report: **04/23/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc	26. 450 E. Las Olas Blvd.	59-2162348	Not Applicable
23. City & State	27. Ste. 1200	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. 33301	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>C T CORPORATION SYSTEM 1200 S PINE ISLAND RD DAVIE FL 33317</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	<b>Plantation FL 85 Zip Code 33324</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, HARRIS W</b>	1.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD SUITE 1400</b>	1.3 STREET ADDRESS	<b>450 E. Las Olas Blvd, Ste. 1200</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, RICHARD L</b>	2.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD SUITE 1400</b>	2.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAIRBANKS, RICHARD L</b>	3.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD SUITE 1400</b>	3.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOOGLER, DONALD E</b>	4.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD SUITE 1400</b>	4.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDDY, COURTLAND</b>	5.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD SUITE 1400</b>	5.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	5.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>200 E LAS OLAS BLVD SUITE 1400</b>	6.3 STREET ADDRESS	<b>450 E. Las Olas Blvd., Ste. 1200</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	6.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>

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:**

*Richard L. Handley*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard L. Handley**  
Date

Daytime Phone #

954-713-5600  
2/14/97

CR2E034 (9/96)