

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F62585

(7)

1. Corporation Name

STEVEN M. MEYERS, P.A.

FILED
Feb 01 1996 8:00 am
Secretary of State



Principal Place of Business

ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

2. Principal Place of Business

21 Sub, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Sub, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MEYERS, STEVEN M
ONE BISCAYNE TOWER, #3550
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

3. Date Incorporated or Qualified
01/11/1982

3a. Date of Last Report
02/17/1995

4. FEI Number

59-2148999

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. 199.03?
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 of Registered Agent (to be filled in by the registered agent)

Signature of Registered Agent (to be filled in by the registered agent)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY, ST, ZIP	1.4 CITY, ST, ZIP
5. TITLE	2.1 TITLE ☐ Change ☐ Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY, ST, ZIP	2.4 CITY, ST, ZIP
9. TITLE	3.1 TITLE ☐ Change ☐ Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY, ST, ZIP	3.4 CITY, ST, ZIP
13. TITLE	4.1 TITLE ☐ Change ☐ Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY, ST, ZIP	4.4 CITY, ST, ZIP
17. TITLE	5.1 TITLE ☐ Change ☐ Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY, ST, ZIP	5.4 CITY, ST, ZIP
21. TITLE	6.1 TITLE ☐ Change ☐ Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY, ST, ZIP	6.4 CITY, ST, ZIP

DPS
MEYERS, STEVEN M
4520 SABAL PALM ROAD
MIAMI, FL 00000

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 added, and with an address.

SIGNATURE:

Steven M. Meyers, President

01-29-96 (305) 530-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)