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

PROFIT CORPORATION ANNUAL REPORT



THORIDA DEPARTMENT OF STATE

FILED

Jan 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

NAME STREET ADDRESS

SIGNATURE:

information indicated on this annual report or sur Lam an officer or director of the corporation of

appears in Block 12 or Block 13 if change

DOCUMENT # F62585

(7)

STEVEN M. MEYERS, P.A.

Principal Place of Business Mailing Address ONE BISCAYNE TOWER. SUITE 3550 ONE BISCAYNE TOWER, SUITE 3550 TWO SOUTH BISCAYNE BLVD. TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1806 MIAMI FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified 02/01/1996 01/11/1982 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 59-2148999 Not Applicable 26 Suite. Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No Country Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MEYERS, STEVEN M ONE BISCAYNE TOWER, #3550 82 Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BLVD 83 **MIAMI FL 33131** Zip Code City 84 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 Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Larn familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE Standard typed or perfect ranse of high desertage of and title happen able (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 11 TITLE MEYERS. STEVEN M NAME 1.2 NAM 4520 SABAL PALM ROAD 1.3 STREET ADDRESS STREET ADORESS MIAMI, FL 00000 1.4 CITY - ST - ZIP C(1) - S1 - 7) Addition DELETE Change TITLE 2.1 Till E NAME 2.2 NAM6 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4. CITY - ST - 2IP DETELF Change Addition 4.1 TITLE THEF NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - 51 - 7/P DELETE TITLE 5.1.30U.E Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHY-51-72 DELETE Change Addition 61 TITLE TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIG OFFICER OR DIRECTOR

Dayline Phone 1

0172616

emontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receive of the same legal effect as if made under oath; that receive of the same legal effect as if made under oath; that

62 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

vith an address

6.3 STREET ADDRESS