

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 # **F70499** (1)

1. Corporation Name

THOMAS H. BRYMER, II, P.A.



Principal Place of Business

Mailing Address

**C/O MAURICE GELINA & ASSOC
2665 S BAYSHORE DR #403
MIAMI FL 33133**

**C/O MAURICE GELINA & ASSOC
2665 S BAYSHORE DR #403
MIAMI FL 33133**

3. Date Incorporated or Qualified
03/10/1982

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **% MAURICE GELINA & ASSOC**

26 **% MAURICE GELINA & ASSOC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **848 BRICKELL AV #210**

27 **848 BRICKELL AV #210**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 **33131**

25

29 **33131**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYMER, II, THOMAS H
C/O MAURICE GELINA & ASSOC
2665 S BAYSHORE DR STE 403
MIAMI FL 33133**

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 for printed name and address) of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD

BRYMER (THOMAS H.), II

2665 S BAYSHORE DR #403

MIAMI FL

CHANGE ADDRESS

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

THOMAS H. BRYMER II

Date

Daytime Phone

1/26/96 (305) 373 4441

CR2E034 (12/95)