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Apr 01 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 # F89322 (4)

1. Corporation Name

ALTMAN, MEDER, LAWRENCE, HILL, INC.



Principal Place of Business

5601 MARINER STREET, STE 210
TAMPA FL 33609-3416
US

Mailing Address

5601 MARINER STREET, STE 210
TAMPA FL 33609-3438
US

2. Principal Place of Business 500 N. West

21 Suite 525, Shore Blvd.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

Zip Country

24 33609-1973 25

2a. Mailing Address

26 500 N. West Shore Blvd.

Suite, Apt. #, etc.

27 Suite 525

28 Tampa, FL

Zip Country

29 33609-1973 30

3. Date Incorporated or Qualified

07/01/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2200009

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ALTMAN, ANN
5601 MARINER ST, STE 210
TAMPA FL 33609-0418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500 N. West Shore Blvd.

83

Suite 525

84 City

Tampa

FL

85 Zip Code

33609-1973

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VD MEDER, SCHUYLER

1540 GULF BLVD. #202

CLEARWATER FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD ALTMAN, ANN

5601 MARINER STREET, 210

TAMPA, FL 00000

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TD HILL, LISA

1915 LUZERNE AVENUE

SILVER SPRING MD

TITLE NAME STREET ADDRESS CITY- ST- ZIP

SD LAWRENCE, ROBIN

14 HUNTER PLACE

CROTON-ON-HUDSON NY

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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TITLE NAME STREET ADDRESS CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

500 N. West Shore Blvd., Suite 525

Tampa, FL 33609-1973

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:

ANN ALTMAN

ANN ALTMAN

3/28/97

(813) 286-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0357785

CR2F034 (9/96)