## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (7) STEINBERG & GOTTDIENER, INC. Principal Place of Business Mailing Address 8600 N.W. SOUTH RIVER DRIVE 8600 N.W. SOUTH RIVER DRIVE SUITE 218 SUITE 218 MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 11/05/1982 05/01/1995\_\_ 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 21 26 59-2235627 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required Crty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 $\Gamma$ Trust Fund Contribution Added to Fees Zφ Country Country This corporation has liability for intangible tax under s 199,032, Florida Statutes ☐ Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOTTDIENER, GEORGE 82 Street Address (P.O. Box Number is Not Acceptable) 8600 N.W. SOUTH RIVER DRIVE MIAMI FL 33166 83 84 City Zip Code 11. Pursuant to the 1607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offine the change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam ons of Sections 607.050 familiar with, anu. n the obligations of, Se. SIGNATURE itered Agenit signature respliced when renobiling 12. CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVD DELETE 1.17() Change NAME GOTTDIENER, GEORGE 1.2 NAME STREET ADDRESS 8600 N.W. SOUTH RIVER DRIVE, SUITE 218 1.3 STREET ADDRESS MIAMI FL CITY-S1-71P 1.4 CITY - ST- ZIP TITLE STD DELETE 2 1 TITLE ☐ Change ☐ Addition NAME STEINBERG, ALAN 2.2 NAME STREET ADDRESS 8600 N.W. SOUTH RIVER DRIVE, STE. 218 2.3 STREET ADDRESS CHY-ST-ZIP MIAMI FL 24 CITY-ST-ZIP TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - 21P TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TILLE DELETE 6. 1 TITLE Change Addition NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY ST-ZIP 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 increased 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 coath; that I am an officer of director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

SIGNATURE

SIGNATURE AND TYPED IR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

305-855-9300