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 # **G76846** **(6)**

1. Corporation Name

SEYMOUR STERN, P.A.

Principal Place of Business	Mailing Address
1500 BAY ROAD SUITE 1147 MIAMI BEACH FL 33139 US	1500 BAY ROAD SUITE 1147 MIAMI BEACH FL 33139 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Street Address		Street Address	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified: **12/30/1983**

3a. Date of Last Report: **06/12/1995**

4. FEI Number: **59-2362834** ☐ 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. Does corporation has liability for intangible tax under s. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAYES, JUDITH A
1500 BAY ROAD
SUITE 1147
MIAMI BEACH FL 33139

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 Section 607.0505, 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. The 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

12. OFFICERS AND DIRECTORS

PD
STERN, SEYMOUR
1500 BAY ROAD, SUITE 1147
MIAMI BEACH FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	1 NAME	☐ Change ☐ Addition
1 STREET ADDRESS	1 CITY-ST-ZIP	
2 TITLE	2 NAME	☐ Change ☐ Addition
2 STREET ADDRESS	2 CITY-ST-ZIP	
3 TITLE	3 NAME	☐ Change ☐ Addition
3 STREET ADDRESS	3 CITY-ST-ZIP	
4 TITLE	4 NAME	☐ Change ☐ Addition
4 STREET ADDRESS	4 CITY-ST-ZIP	
5 TITLE	5 NAME	☐ Change ☐ Addition
5 STREET ADDRESS	5 CITY-ST-ZIP	
6 TITLE	6 NAME	☐ Change ☐ Addition
6 STREET ADDRESS	6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true, accurate, complete, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in 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 above, or on an attachment with an address.

SIGNATURE: Seymour Stern Seymour Stern 1/19/96 (305)531-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)