

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G87532**

(9)

1. Corporate Name

EARLE & PATCHEN, P.A.

Principal Place of Business

**1000 BRICKELL AVE., SUITE 1112
MIAMI FL 33131**

Mailing Address

**1000 BRICKELL AVE., SUITE 1112
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1984

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2357637

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. 194, Fla. Stat., Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EARLE, WILLIAM G.
1000 BRICKELL AVENUE
STE 1112
MIAMI FL 33131**

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 of Registered Agent (Required when changing agent)

Signature of Registered Agent (Required when changing agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

**PD
EARLE, WILLIAM G. ESQ.
1000 BRICKELL AVENUE
MIAMI FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, STATE, ZIP

☐ Change

☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

**VD
PATCHEN, BRIAN P. ESQ.
1000 BRICKELL AVENUE
MIAMI FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, STATE, ZIP

☐ Change

☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, STATE, ZIP

☐ Change

☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, STATE, ZIP

☐ Change

☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, STATE, ZIP

☐ Change

☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, STATE, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(9)(b), 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or to be added with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 305-372-1112