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Mar 20 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 # **G98586**

(2)

1. Corporation Name
JAMES F. JORDEN, P.A.



Principal Place of Business

**777 BRICKELL AVE
SUITE 500
MIAMI FL 33131
US**

Mailing Address

**777 BRICKELL AVE
SUITE 500
MIAMI FL 33131-2803
US**

2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip Country

24 25 30

9. Name and Address of Current Registered Agent

**BLACK ANNE YESS
777 BRICKELL AVENUE
SUITE 500
MIAMI FL 33131**

2b. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/16/1984

3a. Date of Last Report

07/08/1996

4. FEI Number

59-2390653

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

10. Name and Address of New Registered Agent

81 Name

Mary T. Naccarato

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

777 Brickell Avenue

83

Suite 500

84 City

Miami

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

Mary T. Naccarato

Mary T. Naccarato

01/22/97

12. OFFICERS AND DIRECTORS

1. TITLE **PST** ☐ DELETE
2. NAME **JORDEN, JAMES F., ESQ.**
3. STREET ADDRESS **777 BRICKELL AVE., SUITE 500**
4. CITY-STATE-ZIP **MIAMI FL**
5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 included 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 if changed or once, whichever is first, with an address.

SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

01/22/97

305-371-2600

CR2E034 (9/96)