

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K09815 (7)

1. Corporation Name

FLEMING, O'BRYAN & FLEMING, A PROFESSIONAL ASSOCIATION



Principal Place of Business

500 E BROWARD BLVD 17 FL  
FT LAUDERDALE FL 33338  
US

Mailing Address

PO BOX 7028  
FT LAUDERDALE FL 33338-7028  
US

3. Date Incorporated or Qualified  
01/01/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0017847

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

10. Name and Address of New Registered Agent

FITZGERALD, RONALD A.  
500 E BROWARD BLVD 17TH FL  
FT. LAUDERDALE FL 33394-3071

81 Name

RICKER, WILLIAM D

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

500 E BROWARD BLVD. 17TH. FL.

83

84 City

FT. LAUDERDALE, FL

FL

85 Zip Code  
33394

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

*William D Ricker Jr*  
Signature, typed or printed name of registered agent and title if applicable

*William D Ricker Jr*  
(NOTE: Registered Agent signature required when reinstating)

4/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REIT, SCOTT J	
STREET ADDRESS	500 E BROWARD BLVD, 17TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RICKER, WILLIAM D JR	
STREET ADDRESS	500 E BROWARD BLVD, 17TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, GARY S	
STREET ADDRESS	500 E BROWARD BLV 17 FL	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FITZGERALD, RONALD A.	
STREET ADDRESS	500 E BROWARD BLV 17 FL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WESTON, O. MORTON	
STREET ADDRESS	500 E BROWARD BLV 17 FL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, JOHN P.	
STREET ADDRESS	500 E BROWARD BLV 17 FL	
CITY-ST-ZIP	FT LAUDERDALE FL	

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GROENDYKE, THOMAS A	
1.3 STREET ADDRESS	500 E BROWARD BLVD. 17TH. FLOOR	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33394	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	McINTOSH, ROBERT, D	
6.3 STREET ADDRESS	500 E BROWARD BLVD. 17TH. FLOOR	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33394	

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 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:

*William D Ricker Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William D Ricker Jr* 4/17/96

764-3000 EXT 741

Date

Daytime Phone

CR2E034 (12/95)