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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13342 (3)

1. Corporation Name

FLORIDA LAWYERS ASSISTANCE, INC.



Principal Place of Business

Mailing Address

261 E. OAKLAND PARK BLVD.
SUITE 203
FT. LAUDERDALE FL 33306
US2601 E OAKLAND PARK BLVD
SUITE 203
FT. LAUDERDALE FL 33306-1612
US3. Date Incorporated or Qualified
02/06/19863a. Date of Last Report
06/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2642210

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

COHEN, MYER J
2601 E. OAKLAND PARK BLVD., SUITE 203
FT. LAUDERDALE FL 33306

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T
NAME DAVIS, G. MILES E
STREET ADDRESS 25 W. CEDAR STREET, 4TH FLOOR
CITY-ST-ZIP PENSACOLA FL ☐ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P
NAME TUTAN, G V
STREET ADDRESS 2900 MIDDLE STR, 5TH FLOOR
CITY-ST-ZIP MIAMI FL ☐ DELETE2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME GOETZ, ROGER A.
STREET ADDRESS POST OFFICE BOX 1881
CITY-ST-ZIP FERNANDIANA BEACH FL 32034 ☐ DELETE3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME HANRAHAN, MICHAEL E.
STREET ADDRESS BOX 35042, FEDERAL BLDG.
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME ANDERSON, DUANE
STREET ADDRESS 100 BISCAYNE BLVD #23000
CITY-ST-ZIP MIAMI FL 33132-2306 ☐ DELETE5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ED
NAME COHEN, MYER J
STREET ADDRESS 2601 E. OAKLAND PARK BLVD., SUITE 203
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYER J. COHEN

Date

1-8-97 954-566-9040

Daytime Phone # 0035720

CR2E037 (9/96)