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May 06 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 # P33572

(9)

1. Corporation Name

LAMALIE ASSOCIATES, INC.



Principal Place of Business

3903 NORTHDAL BLVD.
TAMPA FL 33624

Mailing Address

3903 NORTHDAL BLVD.
TAMPA FL 33624-1864

3. Date Incorporated or Qualified

04/15/1991

3a. Date of Last Report

06/21/1996

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

24

25

29

30

9. Name and Address of Current Registered Agent

MULLIS, HAROLD W JR.
101 E KENNEDY BLVD
STE. 2700
TAMPA FL 33602

4. FEI Number

59-2776441

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

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: 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 P
NAME PEARSON, ROBERT L
STREET ADDRESS 1601 ELM STREET
CITY-ST-ZIP DALLAS TX 75201

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C
NAME JOHNSON, JOHN F
STREET ADDRESS 127 PUBLIC SQUARE
CITY-ST-ZIP CLEVELAND OH

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 44114

TITLE VS
NAME WISSMAN, JACK P.
STREET ADDRESS 3903 NORTHDAL BLVD.
CITY-ST-ZIP TAMPA FL 33624

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BRENNER, MICHAEL
STREET ADDRESS 200 PARK AVE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 10166

TITLE D
NAME GALLAGHER, DAVID W
STREET ADDRESS 191 PEACHTREE ST NE
CITY-ST-ZIP ATLANTA GA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 30303

TITLE D
NAME DAVIDSON, ARTHUR J
STREET ADDRESS 225 WEST WACKER DR
CITY-ST-ZIP CHICAGO IL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 60606

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack P. Wissman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97
Date

813-961-7494
Daytime Phone #

CR2E034 (9/96)

12. Officers and Directors	13. Additions to Officers and Directors in 12
D ELLIOTT, MARK P. 127 PUBLIC SQUARE CLEVELAND OH 44114	
D JOHNSON, HAROLD E. 200 PARK AVE NEW YORK NY 10166	