

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000000046 (2)

1. Corporation Name

CHARLES LEA HUME, P.A.



Principal Place of Business

18 FLOOR COURTHOUSE
TOWER 44 W FLAGLER
MIAMI FL 33130
US

Mailing Address

18 FLOOR COURTHOUSE
TOWER 44 W FLAGLER
MIAMI FL 33130
US

3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1202 Asturia Ave.

26 1202 Asturia Ave.

4. FEI Number
65-0369255

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 City & State

28 City & State

Coral Gables

Coral Gables

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33134

Dade

33134

Dade

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

HUME, CHARLES LEA

18TH FLOOR COURTHOUSE-TOWER
44 W FLAGLER ST
MIAMI FL 33130

81 Name Hume, Charles Lea

82 Street Address (P.O. Box Number is Not Acceptable)
1202 Asturia Avenue

83

84 City Coral Gables

FL

85 Zip Code 33134

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

Charles Lea Hume

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

(NOTE: Registered Agent signature required when reinstating)

4/27/96

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME HUME, CHARLES
STREET ADDRESS 18TH FLOOR COURTHOUSE-TOWER
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition
1.2 NAME Charles Lea Hume
1.3 STREET ADDRESS 1202 Asturia Ave.
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 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:

Charles Lea Hume

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 789-8909

Daytime Phone #

CR02034 (12/95)