

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 # P92000012350 (4)

1. Corporation Name

GARDINER AND GARDINER, P.A.



Principal Place of Business

Mailing Address

600 SOUTH ANDREWS AVE.  
SUITE 600  
FORT LAUDERDALE FL 33301

600 SOUTH ANDREWS AVE.  
SUITE 600  
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified 12/16/1992  
3a. Date of Last Report 03/10/1995

2. Principal Place of Business  
21 1 East Broward Blvd.  
Suite, Apt. #, etc.  
22 Suite 1501  
City & State  
23 Ft. Lauderdale FL  
Zip Country  
24 33301 25 Broward  
2a. Mailing Address  
26 1 East Broward Blvd.  
Suite, Apt. #, etc.  
27 Suite 1501  
City & State  
28 Ft. Lauderdale FL  
Zip Country  
29 33301 30 Broward

4. FEI Number 65-0376039  
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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDINER, WILLIAM L III  
600 SOUTH ANDREWS AVE.  
SUITE 600  
FORT LAUDERDALE FL 33301

81 Name William L. Gardiner, III  
82 Street Address (P.O. Box Number is Not Acceptable) 1 East Broward Boulevard  
83 Suite 1501  
84 City Fort Lauderdale FL 85 Zip Code 33301

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDINER, WILLIAM L III	1.2 NAME	Gardiner, William L III
STREET ADDRESS	600 S. ANDREWS AVE, SUITE 600	1.3 STREET ADDRESS	1 E. Broward Blvd., Suite 1501
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDINER, ANA I	2.2 NAME	Gardiner, Ana I.
STREET ADDRESS	600 S. ANDREWS AVE, SUITE 600	2.3 STREET ADDRESS	1 E. Broward Blvd., Suite 1501
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)