

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 # P93000009302 (9)

1. Corporation Name

WHITEHALL ASSOCIATES, INC.



Principal Place of Business

290 COCOANUT AVE.  
SARASOTA FL 34236

Mailing Address

290 COCOANUT AVE.  
SARASOTA FL 34236

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ICARD MERRILL CULLIS TIMM FUREN & GINSBURG  
2033 MAIN ST.  
SUITE 600  
SARASOTA FL 34237

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0390000

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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed in block letters, last and first names only.

Date of Signature (MM/DD/YYYY) (Required for corporations, partnerships, and limited liability companies.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D MUSTARI, RONALD  
STREET ADDRESS  
290 COCOANUT AVE.  
CITY - ST - ZIP  
SARASOTA FL 34236

TITLE ☐ DELETE

NAME  
D MUSTARI, JOANNE  
STREET ADDRESS  
290 COCOANUT AVE.  
CITY - ST - ZIP  
SARASOTA FL 34236

TITLE ☐ DELETE

NAME  
D LICHTER, DONALD  
STREET ADDRESS  
6011 GULF OF MEXICO DR.  
CITY - ST - ZIP  
LONGBOAT KEY FL 34228

TITLE ☐ DELETE

NAME  
D LICHTER, DEBRA W  
STREET ADDRESS  
6011 GULF OF MEXICO DR  
CITY - ST - ZIP  
LONGBOAT KEY FL 34228

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

Daytime Phone #

CR2E034 (12/95)