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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000039733 (9)

1. Corporation Name

SMITH BARNEY PRIVATE TRUST COMPANY OF FLORIDA

Principal Place of Business

625 NORTH FLAGLER DRIVE
8TH FLOOR
WEST PALM BEACH FL

Mailing Address

625 NORTH FLAGLER DRIVE
8TH FLOOR
WEST PALM BEACH FL 33401-4025

3. Date Incorporated or Qualified
06/04/1993

3a. Date of Last Report
02/16/1996

4. FEI Number

65-0413973

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

2. Principal Place of Business

21 777 S. Flagler Drive

Suite, Apt. #, etc.

22 8th Floor - East Tower

City & State

23 West Palm Beach, FL

24 33401

25 Palm Beach

2a. Mailing Address

26 777 S. Flagler Drive

Suite, Apt. #, etc.

27 8th Floor - East Tower

City & State

28 West Palm Beach, FL

29 33401

30 Palm Beach

9. Name and Address of Current Registered Agent

John M. Kindred
243 Kenlyn Road
Palm Beach, FL 33480

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 admits 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 John M. Kindred

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-13-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSA, GEORGE	
STREET ADDRESS	388 GREENWICH STREET, 39TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUSSMAN, KENNETH	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 1500	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINDRED, JOHN M	
STREET ADDRESS	243 KENLYN ROAD	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, HEIDI	
STREET ADDRESS	388 GREENWICH STREET., 39TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEROME, ROBERT F	
STREET ADDRESS	4251 CASPER COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STINCHCOMB, CARL J	
STREET ADDRESS	231 SOUTHLAND ROAD	
CITY - ST - ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Edward J. Orazem	
13 STREET ADDRESS	110 Riverside Drive	
14 CITY - ST - ZIP	New York, NY 10024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard P. Trumpler	
4.3 STREET ADDRESS	2 N. Tamiami Trail, 10th Floor	
4.4 CITY - ST - ZIP	Sarasota, FL 34236	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

1-13-97 (561) 820-2364

Date Daytime Phone #

CR2E034 (9/96)