

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 # P94000032757 (4)

1. Corporation Name

HARRELL, ABBOTT & CO., INC.



Principal Place of Business

999 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
04/29/1994

3a. Date of Last Report
04/25/1995

4. FEI Number

65-0493995

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

2a. Mailing Address

21 201 SOUTH BISCAYNE BLVD.

26 201 SOUTH BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2400

27 SUITE 2400

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBOTT, ELIOT C
999 PONCE DE LEON BLVD.
SUITE 1150
CORAL GABLES FL 33134

81 Name

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

201 SOUTH BISCAYNE BOULEVARD

83

SUITE 2400

84

MIAMI

FL

85

Zip Code
33131

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE

NAME ABBOTT, ELIOT C
STREET ADDRESS 999 PONCE DE LEON BLVD., STE. 1150
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE

NAME HARRELL, WILLIAM H
STREET ADDRESS 7077 BONNEVAL RD., SUITE 205
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D/S ABBOTT, ELIOT C.
201 SOUTH BISCAYNE BOULEVARD, STE. 2400
MIAMI, FLORIDA 33131

14. I do hereby certify that the information supplied with this filing is true and accurate 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

ELIOT C. ABBOTT

Date

Daytime Phone #

4/22/96 (305) 372-2400

CR2E034 (12/95)