FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063383 (1)**

1. Corporation Name
BROOKNER & NATURMAN, P.A.

Principal Place of Business	Mailing Address
~~1 NE SECOND AVE~~ ~~WHITE BLDG SUITE 200~~ ~~MIAMI FL 33132~~	~~1 NE SECOND AVE~~ ~~WHITE BLDG SUITE 200~~ ~~MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9500 S. Dadeland Blvd	26 9500 S. Dadeland Blvd
Suite, Apt. #, etc. 22 Suite # 610	Suite, Apt. #, etc. 27 Suite # 610
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33156 / 25 Dade	Zip / Country 29 33156 / 30 Dade

4. FEI Number: 65-051592? ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NATURMAN, STEVEN H 1 NE SECOND AVE WHITE BLDG SUITE 200 MIAMI FL 33132	81 Name: NATURMAN, STEVEN H. 82 Street Address (P.O. Box Number is Not Acceptable): 9500 S. DADELAND BLVD. 83: Suite # 610 84 City: Miami FL 85 Zip Code: 33156

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: S H Naturman — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	SECRETARY, VICE PRES., DIRECTOR ☐ Change ☒ Addition
NAME	NATURMAN, STEVEN H	12 NAME	STEVEN H. NATURMAN
STREET ADDRESS	1 NE SECOND AVE WHITE BLDG SUITE 200	13 STREET ADDRESS	9500 S. DADELAND BLVD SUITE 610
CITY-ST-ZIP	MIAMI FL 33132	14 CITY-ST-ZIP	Miami FL 33156
TITLE	D	21 TITLE	PRESIDENT, DIRECTOR ☒ Change ☒ Addition
NAME	BROOKNER, STEVE	22 NAME	BROOKNER, STEVE
STREET ADDRESS	1 NE SECOND AVE WHITE BLDG SUITE 200	23 STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 610
CITY-ST-ZIP	MIAMI FL 33132	24 CITY-ST-ZIP	Miami FL 33156
TITLE	[redacted]	31 TITLE	VICE PRESIDENT, DIRECTOR ☐ Change ☒ Addition
NAME		32 NAME	JOBLOVE, RICHARD J.
STREET ADDRESS		33 STREET ADDRESS	9500 S. DADELAND BLVD., SUITE 610
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL 33156
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	# Deposited by Bank CH

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)(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 added by attachment with an address.

SIGNATURE: [signature] 5/1/95 305-670-8553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133050 CP