

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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**95 MAY -1 PM 4: 03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000068716 (7)**

1. Corporation Name

**LONDON WITTE & COMPANY, P.A.**

Principal Place of Business

**3101 N FEDERAL HWY  
FT LAUDERDALE FL 33306**

Mailing Address

**3101 N FEDERAL HWY  
FT LAUDERDALE FL 33306**

**700001487907  
-05/16/95--01005--002  
\*\*\*\*200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/19/1994**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt #, etc

23. City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt #, etc

27. City & State

28

Zip

Country

4. FEI Number

**65-0524791**

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

**B9RKSON, ELLIOT P ESQ  
200 E LAS OLAS BLVD  
SUITE 1900  
FT LAUDERDALE FL 33301**

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

GATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **HIRSCHBERG, EDWARD CPA**  
STREET ADDRESS **3101 N FEDERAL HWY**  
CITY ST ZIP **FT LAUDERDALE FL 33306**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

Change  Addition

TITLE **D**  
NAME **TUCK, JOHN CPA**  
STREET ADDRESS **3101 N FEDERAL HWY**  
CITY ST ZIP **FT LAUDERDALE FL 33306**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

Change  Addition

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 110.07(3)(b), 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:

*Edward P. Hirschberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EDWARD P. HIRSCHBERG**

**4/18/95**  
Date

**305-566-4409**  
Telephone No.