

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 # **P95000079663 (7)**

1. Corporation Name

~~CARMEL & REED, P.A.~~
CARMEL, GRASS & REED, P.A.

NC
4-18-96



Principal Place of Business

Mailing Address

100 NO. BISCAYNE BLVD. STE 2810
MIAMI FL 33132

100 NO. BISCAYNE BLVD. STE 2810
MIAMI FL 33132

3. Date Incorporated or Qualified
10/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0617107

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

22

27

Suite, Apt. #, etc

Suite, Apt. #, etc.

23

28

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

REED, STUART
100 NORTH BISCAYNE BLVD.
SUITE 2810
MIAMI FL 33132

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 of principal officer or director (print name and title)

Signature of Registered Agent (print name and title)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSD
CARMEL, AVI
100 NO. BISCAYNE BLVD. STE 2810
MIAMI FL 33132

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
REED, STUART
100 NO. BISCAYNE BLVD. STE 2810
MIAMI FL 33132

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

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

4/9/96 (308) 5778600

CR2E034 (12/95)