

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90008 002 ***150.00

DOCUMENT # P96000104024

1. Corporation Name

AWERBACH & MURPHY, P.A.

Principal Place of Business

PRESTIGE PLACE I, SUITE 230
2600 MCCORMICK DRIVE
CLEARWATER FL 34619

Mailing Address

PRESTIGE PLACE I, SUITE 230
2600 MCCORMICK DRIVE
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3416360

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2600 McCormick Dr.

Suite, Apt. #, etc.

22 Prestige Pl. I, Suite 235

City & State

23 Clearwater, FL 33USA

Zip

24 33759-1031

Country

25 USA

2a. Mailing Address

26 2600 McCormick Dr.

Suite, Apt. #, etc.

27 Prestige Pl. I, Suite 235

City & State

28 Clearwater, FL

Zip

29 33759-1031

Country

30 USA

9. Name and Address of Current Registered Agent

MURPHY, JEANNE F
PRESTIGE PLACE I, SUITE 230
2600 MCCORMICK DRIVE
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

Murphy, Jeanne F.

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

Prestige Place I, Suite 235

83

2600 McCormick Dr.

84 City

Clearwater

FL

85 Zip Code
33759

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME
AWERBACH, MARTIN S
STREET ADDRESS
2600 MCCORMICK DRIVE SUITE 230
CITY-ST-ZIP
CLEARWATER FL 34619

TITLE D ☐ DELETE

NAME
MURPHY, JEANNE F
STREET ADDRESS
2600 MCCORMICK DRIVE SUITE 230
CITY-ST-ZIP
CLEARWATER FL 34619

TITLE D ☐ DELETE

NAME
COHN, Michael A.
STREET ADDRESS
2600 McCormick Dr
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
AWERBACH, Martin S.
1.3 STREET ADDRESS
2600 McCormick Drive, Suite 235
1.4 CITY-ST-ZIP
Clearwater, FL 33759-1031

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
MURPHY, Jeanne F.
2.3 STREET ADDRESS
2600 McCormick Dr., Suite 235
2.4 CITY-ST-ZIP
Clearwater, FL 33759-1031

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME
COHN, Michael A.
3.3 STREET ADDRESS
2600 McCormick Dr., Suite 235
3.4 CITY-ST-ZIP
Clearwater, FL 33759-1031

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Jeanne F. Murphy* SIGNATURE REQUIRED

(727) 725-3227

Date

Daytime Phone #

CR2E034 (11/98)