

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S00551** (9)

1. Corporation Name  
**BIRDSALL TAMPA, INC.**



Principal Place of Business: **% CADWALADER, WICKERSHAM & TAFT  
440 ROYAL PALM WAY, STE. 300  
PALM BEACH FL 33480**

Mailing Address: **% CADWALADER, WICKERSHAM & TAFT  
440 ROYAL PALM WAY, STE. 300  
PALM BEACH FL 33480**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>440 Royal Palm Way</b>	26	<b>440 Royal Palm Way</b>	<b>09/18/1990</b>	<b>07/25/1995</b>
22	<b>#200</b>	27	<b>#200</b>	4. FEI Number	Applied For
23	<b>Palm Beach, FL</b>	28	<b>Palm Beach, FL</b>	<b>65-0229574</b>	Not Applicable
24	<b>33480</b>	29	<b>33480</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>CHOPIN, FRANK L. 440 ROYAL PALM WAY S300 PALM BEACH FL 33480</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRDSALL, JOHN H III	1.2 NAME	
STREET ADDRESS	253 ESPLANADE WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOPIN, L FRANK	2.2 NAME	
STREET ADDRESS	440 ROYAL PALM WAY STE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, on each attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **11/18/96** (407)655-9500  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (12/95)