

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # S39110 (9)

1. Corporation Name

WARWICK & REYNOLDS, P.A.

Principal Place of Business

2600 DOUGLAS RD PH 6 1500 SAN REHO AVE  
CORAL GABLES FL 33134 2600 DOUGLAS RD PH 6  
CORAL GABLES FL 33134

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1991

3a. Date of Last Report

01/28/1994

4. FEI Number

65-0248243

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

2. Principal Place of Business

21 1500 SAN REHO AVE

Suite, Apt., #, etc.

22 SUITE 220

City & State

23 CORAL GABLES

Zip

24 33146

Country

2a. Mailing Address

25 1500 SAN REHO AVE

Suite, Apt., #, etc.

27 SUITE 220

City & State

28 CORAL GABLES FL

Zip

29 33146

Country

30

9. Name and Address of Current Registered Agent

WARWICK, ALICE ELIZABETH  
2600 DOUGLAS ROAD - PH 6  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

1500 SAN REHO AVE

83

STE 220

84

CORAL GABLES

FL

85

Zip Code  
33146

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WARWICK, ALICE ELIZABETH

STREET ADDRESS

2600 DOUGLAS RD PH 6

CITY - ST - ZIP

CORAL GABLES FL

TITLE

D

NAME

REYNOLDS, PAMELA JACKSON

STREET ADDRESS

2600 DOUGLAS RD PH 6

CITY - ST - ZIP

CORAL GABLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(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 recorder 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:

*Betty Warwick*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95  
Date

305-665-6550  
Telephone Number