

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

**APPROVED  
AND  
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**95 APR 17 PH 12:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V02289 (9)**

**1. Corporation Name**

**GLICKSTEIN, LAVAL, CARRIS, DIAMOND & LEVITT, P.A**

**Principal Place of Business**

**2100 LEE ROAD  
SUITE A  
WINTER PARK FL 32789**

**Mailing Address**

**2100 LEE ROAD  
SUITE A  
WINTER PARK FL 32789**

**DO NOT WRITE IN THIS SPACE.**

**3. Date Incorporated or Qualified**

**01/01/1992**

**3a. Date of Last Report**

**01/25/1994**

**4. FEI Number**

**59-0094260**

**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**

**GLICKSTEIN, MARTIN R.  
2100 LEE ROAD  
SUITE A  
WINTER PARK FL 32789**

**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)**

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME LAVAL, RODNEY S.  
STREET ADDRESS 2100 LEE ROAD, SUITE A  
CITY - ST - ZIP WINTER PARK FL**

**TITLE SD  
NAME GLICKSTEIN, MARTIN R  
STREET ADDRESS 2100 LEE ROAD, SUITE A  
CITY - ST - ZIP WINTER PARK FL 32789**

**TITLE D  
NAME CARRIS, W. NEAL  
STREET ADDRESS 2100 LEE ROAD, SUITE A  
CITY - ST - ZIP WINTER PARK FL 32789**

**TITLE D  
NAME DIAMOND, KATHRYN H  
STREET ADDRESS 2100 LEE ROAD, SUITE A  
CITY - ST - ZIP WINTER PARK FL 32789**

**TITLE TD  
NAME LEVITT, HARVEY N  
STREET ADDRESS 2100 LEE ROAD, SUITE A  
CITY - ST - ZIP WINTER PARK FL 32789**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**11 TITLE ☐ Change ☐ Addition**

**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**

**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 or Block 14 changed or in an attachment with an address.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Rodney S. Laval, President**

**4/11/95**

**407-645-4775**

**(Date)**

**(Telephone Number)**