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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # **V28263** (4)

1. Corporation Name

AKERMAN, SENTERFITT & EIDSON, P.A.



Principal Place of Business

**255 S ORANGE AVE
17TH FLOOR
ORLANDO FL 32801**

Mailing Address

**255 S ORANGE AVE
17TH FLOOR
ORLANDO FL 32801**

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESNELL, GREGORY A.
C/O AKERMAN, SENTERFITT & EIDSON PA
255 S ORANGE AVE
ORLANDO FL 32801**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D MARTIN, WILLIAM C III**
STREET ADDRESS **6091 MASTERS BLVD**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D V BROWN, NINA K.**
1.3 STREET ADDRESS **6342 S.W. 109th STREET**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33156**

TITLE ☐ DELETE
NAME **DP SCHUETTE, CHARLES A**
STREET ADDRESS **2901 S BAYSHORE DRIVE**
CITY-ST-ZIP **COCONUT GROVE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DUC**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **MIAMI, FLORIDA 33133**

TITLE ☒ DELETE
NAME **D HARTLEY, MARTHA A.**
STREET ADDRESS **520 RICHMOND STREET**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D V STAGG, C. LAWRENCE**
3.3 STREET ADDRESS **3303 SAN NICHOLAS**
3.4 CITY-ST-ZIP **TAMPA, FLORIDA 33629**

TITLE ☐ DELETE
NAME **DVP HERRON, MARK**
STREET ADDRESS **503 NORTH RID**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D V**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DTV PRESNELL, GREGORY A**
STREET ADDRESS **1748 LAKE ROBERTS CT**
CITY-ST-ZIP **WINDERMERE FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D V**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **DVP WAKSHLAG, STANLEY H**
STREET ADDRESS **6505 SW 131 ST**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D MELLE, III, ROBERT L.**
6.3 STREET ADDRESS **9003 CLASSIC COURT**
6.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

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; 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 843-7860

Daytime Phone #

CR2E034 (12/95)