FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V61608** **(8)**

1. Corporation Name

SALLEY, FEINBERG & HAMES, P.A.

Principal Place of Business	Mailing Address
390 N. ORANGE AVE. SUITE 2500 ORLANDO FL 32801 US	390 N. ORANGE AVE. SUITE 2500 ORLANDO FL 32801 US

3. Date Incorporated or Qualified: **08/26/1992**
3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-3140171** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HAMES, LAURENCE C.
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALLEY, STEPHEN G.		1.2 NAME		
STREET ADDRESS	235 LAKE HILLS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FEINBERG, STEPHEN D.		2.2 NAME		
STREET ADDRESS	875 CRESTON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HAMES, LAURENCE C.		3.2 NAME		
STREET ADDRESS	420 COVEY COVE		3.3 STREET ADDRESS	100 OAKLEIGH DRIVE, MAITLAND, FL. 32751	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	MAITLAND, FL.	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINTZE, RUSSELL P		4.2 NAME		
STREET ADDRESS	310 STONEBRIDGE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Laurence C. Hames President — 8 April 1996 — (407) 426-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #