FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # K90071 1. Corporation Name WOLFSON & KONIGSBURG, P.A. Principal Place of Business Mailing Address 4491 S. STATE ROAD 7 4491 S. STATE ROAD 7 SUITE 314 SUITE 314 DAVIE FL 33314 DAVIE FL 33314 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1989 01/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2535658 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Zip Country 8. This corporation has liability for intangiple tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KONIGSBURG, ALAN H Street Address (P.O. Box Number is Not Acceptable) 82 4491 S. STATE ROAD 7 SUITE 314 83 DAVIE FL 33314 84 City 85 Zio Code 11. Furs. ant 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 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) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THELE DELFTE 1. 1 TITLE ☐ Change ☐ Addition WOLFSON, ANDREA L. NAME 1.2 NAME 4491 S. S.R. 7, STE 314 STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TIT-F DELETE 2 1 TITLE ☐ Change Addition NAME KONIGSBURG, ALAN H. 22 NAME 4491 S. S.R. 7, STE 314 STREET ADORESS 23 STREET ADDRESS DAVIE FL CHT ST-ZIP 24 CHTY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-S1-ZIE 3 4 CITY - ST - ZIP THLE □ DELETE 4. 1 TITLE ☐ Change ■ Addition NAMI 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY ST-ZIP 44 CITY-ST-ZIP Blok DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS C(11Y-\$1-Z(P) 54 CITY-ST-ZIP Tille DELETE 6 1 TITLE ☐ Addition ☐ Change 6.2 NAME STREET ADDRESS. 6.3 STREET ADORESS CITY - ST- 24P 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 cath; 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 citanged of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

1/18/96 (3c5) 583 -45 7C