2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M97128

1. Entity Name
WAMPLER, BUCHANAN, WALKER, CHABROW & BANCIELLA, P.A.

Principal Place of Business	Mailing Address
ONE SE THIRD AVE., STE 1700 SUN TRUST INTERNATIONAL MIAMI, FL 33131 US	ONE SE THIRD AVE., STE 1700 SUN TRUST INTERNATIONAL MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0082249

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL B
ONE SE THIRD AVE., STE 1700
SUN TRUST INTERNATIONAL
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000116220
04/16/04-80055-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WAMPLER, ATLEE W. III
STREET ADDRESS	ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DT
NAME	BUCHANAN, JOSEPH R.
STREET ADDRESS	ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DST
NAME	WALKER, MICHAEL B.
STREET ADDRESS	ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DVP
NAME	CHABROW, PENN B.
STREET ADDRESS	ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DVP
NAME	BANCIELLA, RICARDO A
STREET ADDRESS	ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael B. Walker 4/14/2004 (305) 577-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael B. Walker, Secretary