

4-2-97 B 3885 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P94000002600 (2)**  
 1. Corporation Name  
**WEDDERBURN & JACOBS, P.A.**



Principal Place of Business: 16300 N.E. 19TH AVENUE SUITE 208 NORTH MIAMI BEACH FL 33162  
 Mailing Address: 16300 N.E. 19TH AVENUE SUITE 208 NORTH MIAMI BEACH FL 33162-4879

3. Date Incorporated or Qualified: 01/10/1984  
 3a. Date of Last Report: 02/20/1996  
 4. FEI Number: 65-0458481  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
 21. 16300 NE 19th Ave  
 22. Suite 244  
 23. North Miami Beach, FL  
 24. 33162  
 25. U.S.A.  
 2a. Mailing Address  
 26. 16300 NE 19th Ave  
 27. Suite 244  
 28. North Miami Beach, FL  
 29. 33162  
 30. U.S.A.

9. Name and Address of Current Registered Agent  
 WEDDERBURN, NORMAN E  
 16300 N.E. 19TH AVENUE  
 SUITE 208  
 NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent  
 81. Name: Wedderburn, Norman E  
 82. Street Address: 16300 NE 19th Ave  
 83. Suite 244  
 84. City: North Miami Beach FL  
 85. Zip Code: 33162

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	WEDDERBURN, NORMAN E	1.1 TITLE: [ ] DELETE	1.2 NAME: [ ] Change [ ] Addition
STREET ADDRESS: 16300 NE 19TH AVENUE, STE 208	NORTH MIAMI BEACH FL	1.3 STREET ADDRESS: 16300 NE 19th Ave, Ste 244	1.4 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE: VP	JACOBS, BRUCE R	2.1 TITLE: [ ] DELETE	2.2 NAME: [ ] Change [ ] Addition
STREET ADDRESS: 16300 NE 19TH AVENUE, STE. 208	NORTH MIAMI BEACH FL	2.3 STREET ADDRESS: 16300 NE 19th Ave, Ste 244	2.4 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE: [ ] DELETE	[ ] DELETE	3.1 TITLE: [ ] DELETE	3.2 NAME: [ ] Change [ ] Addition
STREET ADDRESS: [ ] DELETE	[ ] DELETE	3.3 STREET ADDRESS: [ ] DELETE	3.4 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE: [ ] DELETE	[ ] DELETE	4.1 TITLE: [ ] DELETE	4.2 NAME: [ ] Change [ ] Addition
STREET ADDRESS: [ ] DELETE	[ ] DELETE	4.3 STREET ADDRESS: [ ] DELETE	4.4 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE: [ ] DELETE	[ ] DELETE	5.1 TITLE: [ ] DELETE	5.2 NAME: [ ] Change [ ] Addition
STREET ADDRESS: [ ] DELETE	[ ] DELETE	5.3 STREET ADDRESS: [ ] DELETE	5.4 CITY-ST-ZIP: [ ] Change [ ] Addition
TITLE: [ ] DELETE	[ ] DELETE	6.1 TITLE: [ ] DELETE	6.2 NAME: [ ] Change [ ] Addition
STREET ADDRESS: [ ] DELETE	[ ] DELETE	6.3 STREET ADDRESS: [ ] DELETE	6.4 CITY-ST-ZIP: [ ] Change [ ] Addition

14. I do 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 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 the address.

SIGNATURE: \_\_\_\_\_ DATE: 3/22/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DAYTIME PHONE #: 305-919-9222

CR2E034 (9/96)