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Apr 11 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 # P94000073347 (4)

1. Corporation Name
WILLIAM C. HEARON, P.A.



Principal Place of Business
44 W. FLAGLER ST., STE. 1900
MIAMI FL 33130-1808

Mailing Address
44 W. FLAGLER ST., STE. 1900
MIAMI FL 33130-1844

3. Date Incorporated or Qualified 10/01/1994
3a. Date of Last Report 04/08/1996

2. Principal Place of Business
21 ONE SE Third AVE
Suite, Apt. #, etc. 3000

22 City & State MIAMI FL
23 Zip 33131 Country USA

24 HEARON, WILLIAM C
44 W. FLAGLER ST., STE. 1900
MIAMI FL 33130-1808

2a. Mailing Address
26 ONE SE Third AVE
Suite, Apt. #, etc. 3000

27 City & State MIAMI FL
28 Zip 33131 Country USA

4. FEI Number 65-0528373
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name WILLIAM C. HEARON
82 Street Address (P.O. Box Number is Not Acceptable) ONE SE Third AVE
83 Suite 3000
84 City MIAMI FL 85 Zip Code 33131

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
TITLE DPS
NAME HEARON, WILLIAM C
STREET ADDRESS 44 W. FLAGLER ST., STE. 1900 ONE SE Third AVE
CITY-ST-ZIP MIAMI FL Suite 3000
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [Change] [Addition]
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [Change] [Addition]
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [Change] [Addition]
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [Change] [Addition]
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [Change] [Addition]
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [Change] [Addition]
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: William C. HEARON, Pres. 305 579-9813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-7-97 Daytime Phone #

CR2E034 (9/96)