SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90021 028 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074078

1. Corporation Name
WALLACE, BAUMAN, LEGON, FODIMAN & SHANNON, P.A.

Principal Place of Business	Mailing Address
~~2222 PONCE DE LEON BLVD~~ ~~SUITE 600~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~2222 PONCE DE LEON BLVD~~ ~~SUITE 600~~ ~~CORAL GABLES FL 33134~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 BRICKELL AVE	26 1200 BRICKELL AVE
Suite, Apt. #, etc. 22 # 1720	Suite, Apt. #, etc. 27 SUITE # 1720
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33131 / 25 DADE	Zip / Country 29 33131 / 30 DADE

4. FEI Number: 65-0520887 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAUMAN, BRYAN W ~~2222 PONCE DE LEON BLVD~~ ~~SUITE 600~~ ~~CORAL GABLES FL 33134~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1200 BRICKELL AVE. 83 SUITE # 1720 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WALLACE, MILTON J	1.2 NAME	1200 Brickell Avenue, Suite 1720
STREET ADDRESS	~~2222 PONCE DE LEON BLVD., STE 600~~	1.3 STREET ADDRESS	Miami, FL 33131
CITY-ST-ZIP	~~CORAL GABLES FL~~	1.4 CITY-ST-ZIP	
TITLE	DVPS ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BAUMAN, BRYAN W	2.2 NAME	1200 BRICKELL AVE., SUITE # 1720
STREET ADDRESS	~~2222 PONCE DE LEON BLVD., STE 600~~	2.3 STREET ADDRESS	MIAMI, FL. 33131
CITY-ST-ZIP	~~CORAL GABLES FL~~	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	FODIMAN, TODD A	3.2 NAME	1200 BRICKELL AVE., SUITE # 1720
STREET ADDRESS	~~2222 PONCE DE LEON BLVD., STE 600~~	3.3 STREET ADDRESS	MIAMI, FL. 33131
CITY-ST-ZIP	~~CORAL GABLES FL~~	3.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	4.1 TITLE	~~DVP~~ ☒ Change ☐ Addition
NAME	SHANNON, MICHAEL G	4.2 NAME	1200 BRICKELL AVE., SUITE # 1720
STREET ADDRESS	2222 PONCE DE LEON BLVD., STE. 600	4.3 STREET ADDRESS	MIAMI, FL. 33131
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	DVP ☐ Change ☒ Addition
NAME		5.2 NAME	TODD R. LEGON
STREET ADDRESS		5.3 STREET ADDRESS	1200 BRICKELL AVE., SUITE #1720
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL. 33131
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	

14. 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 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: _____ 7-12-99 305-444-9981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)