

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	26	State, Apt. #, etc.	01/10/1994	03/07/1995
22	City & State	27	City & State	4. FEI Number	Applied For Not Applicable
23	Zip	28	Zip	65-0458481	
24	Country	29	Country	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
25		30		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

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.15-08, 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

Signature typed or printed (if signed by registered agent)

(If Not Registered Agent Signature Required, check box)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WEDDERBURN, NORMAN E	1.2 NAME	
STREET ADDRESS	16300 NE 19TH AVENUE, STE 208	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, BRUCE R	2.2 NAME	
STREET ADDRESS	16300 NE 19TH AVENUE, STE. 208	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 oath, that I am an officer or director of the corporation or the registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 305-979-9222
Date Daytime Phone #

CR2E034 (12/95)