FILED Apr 14, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000061776

1. Corporation Name

WILLIAM WIENER, P.A.

Principal Place	e of Business	Mailing Address						let iidli iddi	
4310 SHERIDAN ST		4310 SHERIDAN ST							
#202		202			DO NOT WRIT	E IN THIS S	PACE		
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
00						07/23/1996			
2. Principal Place of Business 2a. Mailing Address			•			4. FEI Number	-	A	pplied For
21		26			65-0689153		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27						equired	
		City & State	¬ · · · · · · · · · · · · · · · · · · ·			_6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip	Country	Zip	Country		1	This corporation owes the curre	nt vear Intac	-	10 1 000
24	25	29 30				Personal Property Tax.	,	Yes	□No
	9. Name and Address of Current	<u> </u>				10. Name and Address of New Ro	egistered A	gent	
	APP LINE LAND		81	Name					Į.
WIENER, WILLIAM			82	Street	Addres	ss (P.O. Box Number is Not Acceptate	ole)		
3245 DOCKSIDE DRIVE COOPER CITY FL 33026									
000	FER OIT FE 33020		83	ļ					
			84	City			FL	85 Zip	Code
44 Devember the population of Sections SO7 0500 and SO7 1509. Elevido Statutes, the above parent comparation submits this statement for the purpose of changing its registered									s 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		LOW TO BE AN ADDRESS OF THE PARTY OF THE PAR		t denstres		when reinstating)	DATE		
12,	Signature, typed or printed name of registered agent OFFICERS AND		13.	II SIGIRIDIE I	admiec v	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Change	Addition
NAME	WIENER, WILLIAM		1.2 NAME						
STREET ADORESS	3245 DOCKSIDE DRIVE		1.3 STREE	TADDRESS	Ì				
CITY-\$T-ZIP_	COOPER CITY FL 33026		1.4 CITY-S	T-ZIP					
TITLE	☐ DELETE 2.1 TI		2.1 TITLE					Change	Addition
NAME			2.2 NAME						į
STREET ADDRESS			2.3 STREE	T ADDRESS		•			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE				_ =	Change	Addition
NAME		,	3.2 NAME			, , , , , , , , , , , , , , , , , , , ,			,,,,
STREET ADDRESS	•			TADDRESS					}
CITY-ST-ZIP	·	☐ DELETE	3.4. CITY- S 4.1 TITLE	ST-ZIP				☐ Change	☐ Addition
NAME		□ berrie	4. 2 NAME					0-	_
STREET ADDRESS		1		T ADDRESS	}				ļ
CITY-ST-ZIP		′	4.4 CITY-S		ĺ				
TITLE		☐ DELETE	5.1 TITLE		<u> </u>			Change	☐ Addition
NAME	•	İ	5.2 NAME						ļ
STREET ADDRESS			5.3 STREE	T ADDRESS	}				l l
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP