

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **566052** (7)

1. Corporation Name
WPL & ASSOCIATES, INC.

Principal Place of Business
**2665 SO BAYSHORE DR
STE 300
MIAMI FL 33133
US**

Mailing Address
**2665 SO BAYSHORE DR
STE 300
MIAMI FL 33133
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/08/1978** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1812625** 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

2. Principal Place of Business

21 **6401 SW 87 AVE** 26 **P.O. Box 570730**
Subs. Apt. #, etc. Subs. Apt. #, etc.

22 **SUITE 111** 27

23 **MIAMI, FL** 28 **MIAMI, FL**
City & State City & State

24 **33143** 25 **USA** 29 **33257** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**WARSHAW, BERTRAM S
2665 SO BAYSHORE DR
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6401 SW 87 AVE

83 **SUITE 111**

84 City **MIAMI** FL 85 **33143**
Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(DATE) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **STD**
NAME **WARSHAW, PATRICIA A**
STREET ADDRESS **15750 SW 82ND AVE**
CITY-ST-ZIP **MIAMI, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD**
NAME **WARSHAW, BERTRAM S**
STREET ADDRESS **15750 SW 82ND AVE**
CITY-ST-ZIP **MIAMI, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V**
NAME **ATKINS, LANCE**
STREET ADDRESS **2665 S BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
3.2 NAME **ELIMINATE NAME**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 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 in an appointment with an address.

SIGNATURE:

Patricia A. Warsaw
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA A. WARSHAW

2-6-95 305/279-8106
(Date) (City and State)