FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 01 1996 8:00 am
Secretary of State

DOCUMENT # **567705** (9)

1. Corporation Name
DAVID PLUMMER & ASSOCIATES, INC.

Principal Place of Business
4225 SALZEDO STREET
CORAL GABLES FL 33146

Mailing Address
4225 SALZEDO STREET
CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 03/27/1978
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business
21 1750 PONCE DE LEON BLVD
22 Suite, Apt. #, etc
23 City & State: CORAL GABLES, FL
24 Zip: 33134
25 Country: USA

2a. Mailing Address
26 1750 PONCE DE LEON BLVD
27 Suite, Apt. #, etc
28 City & State: CORAL GABLES, FL
29 Zip: 33134
30 Country: USA

4. FEI Number: 59-1810619 — 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
PLUMMER, DAVID S.
4225 SALZEDO STREET
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: PLUMMER, DAVID S.
82 Street Address (P.O. Box Number is Not Acceptable): 1750 PONCE DE LEON BLVD.
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: David S. Plummer, President — 01/19/96
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	PLUMMER, DAVID S.	1.2 NAME	PLUMMER,DAVID S.
STREET ADDRESS	4225 SALZEDO STREET	1.3 STREET ADDRESS	1750 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	STD ☐ DELETE	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	PLUMMER, KATHLEEN R.	2.2 NAME	PLUMMER, KATHLEEN R.
STREET ADDRESS	4225 SALZEDO STREET	2.3 STREET ADDRESS	1750 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 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: David S. Plummer, Pres. — 1/19/96 — 305 447 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)