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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 600718

1. Corporation Name
WAGNER, JOHNSON, MCAFEE & BODIK, P.A.

Principal Place of Business	Mailing Address
1818 S. AUSTRALIAN AVE. SUITE 450 W. PALM BEACH FL 33409 US	P.O. BOX 3466 W. PALM BEACH FL 33402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/31/1968

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: 59-1226966 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCAFFEE, WILLAIM J.
SUITE 450
1818 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ 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	SD	☐ DELETE	1.1 TITLE	VP D S	☒ Change ☐ Addition
NAME	MCAFEE, HELEN W.		1.2 NAME	McAfee, Helen W.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450		1.3 STREET ADDRESS	1818 S. Australian Ave., Ste.#450	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCAFEE, WILLIAM J		2.2 NAME		
STREET ADDRESS	1818 S AUSTRAILIAN AVE STE 450		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000 33409		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WAGNER, WARD JR		3.2 NAME	Wagner, Ward Jr.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450		3.3 STREET ADDRESS	1818 S. Australian Ave., Ste.#450	
CITY-ST-ZIP	W PALM BCH, FL 00000 33409		3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
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 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.

SIGNATURE: William McAfee REQUIRED — 3-25-99 — 561-686-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)