FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 FEB 14 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602154 (7)

1. Corporation Name

FOWLER, WHITE, BURNETT, HURLEY, BANICK & STRICKR
OOT A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
175 N.W. 1ST AVE., 11TH FL. MIAMI FL 33128	175 N.W. 1ST AVE., 11TH FL. MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1970
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 100 SE 2 Street
Suite, Apt. #, etc.
22 17th Floor
City & State
23 Miami , Florida
Zip 24 33131 Country 25 US

2a. Mailing Address
26 100 SE 2 Street
Suite, Apt. #, etc.
27 17th Floor
City & State
28 Miami, Florida
Zip 29 33131 Country 30 US

4. FEI Number: 59-1303994 ☐ 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

STRICKROOT, JOHN C
175 NW LST AVE., 11TH FL
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: JOHN C. STRICKROOT
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE 2 Street
83: 17th Floor
84 City: Miami FL 85 Zip Code: 33131

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] Febe 8, 1995
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	S ☒ Change ☐ Addition
NAME	BANICK,RICHARD S	12 NAME	Richard S. Banick
STREET ADDRESS	175 N.W. 1ST AVE.	13 STREET ADDRESS	100 SE 2nd Street, 17th Floor
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	STRICKROOT,JOHN C.	22 NAME	John C. Strickroot
STREET ADDRESS	175 N.W. 1ST AVE.	23 STREET ADDRESS	100 SE 2nd Street, 17th Floor
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33131
TITLE	VDT	31 TITLE	VDT ☒ Change ☐ Addition
NAME	ALTMAN, STUART H.	32 NAME	Stuart H. Altman
STREET ADDRESS	175 N.W. 1ST AVE.	33 STREET ADDRESS	100 SE 2nd Street, 17th Floor
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33131
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	CLAYTON, WILLIAM R	42 NAME	William R. Clayton
STREET ADDRESS	175 NW 1ST AVE	43 STREET ADDRESS	100 SE 2nd Street, 17th Floor
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, Florida 33131
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] 1-30-95 (305) 789-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
John C. Strickroot

0200020 CP