

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 603873 (1)

1. Corporation Name

WHEELER, MCCALLA & CO., P.A.



Principal Place of Business

307 N.E. FIRST STREET
POMPANO BEACH FL 33060

Mailing Address

307 N.E. FIRST STREET
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified
10/30/1972

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
59-1411277

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

10. Name and Address of New Registered Agent

WHEELER, L. R.
307 N.E. FIRST ST.
POMPANO BEACH FL 33060

81 Name

82 Street Address (P.O. Box Numbers 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

(Signature of person or persons authorized to sign and file this report)

(If filed by Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
PDT
WHEELER JR, LESTER R
STREET ADDRESS
513 W. EVANSTON CIRCLE
CITY-ST-ZIP
FORT LAUDERDALE FL

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

TITLE ☐ DELETE

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)(g), 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: L. R. WHEELER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. R. Wheeler

2-13-96

Day

954-943-5335

Daytime Phone #

CR2E034 (12/95)