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

DOCUMENT # **683024** **(4)**

1. Corporation Name

WILSON SMITH, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
4000 SOUTHEAST FINANCIAL CNTR MIAMI FL 33131-2398 US	4000 SOUTHEAST FINANCIAL CNTR MIAMI FL 33131-2398 US

3. Date Incorporated or Qualified: 08/18/1980	3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-2023360	☐ 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: 200 S. Biscayne Blvd
Suite, Apt. #, etc.
22: 4000
City & State
23: Miami FL
Zip: 24: 33131-2398 Country: 25:

2a. Mailing Address
26: 200 S. Biscayne Blvd
Suite, Apt. #, etc.
27: 4000
City & State
28: Miami FL
Zip: 29: 33131-2398 Country: 30:

9. Name and Address of Current Registered Agent

KLOCK, JOSEPH P JR
200 S BISCAYNE BLVD
40TH FLOOR
MIAMI FL 33131

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, WILSON 200 S BISCAYNE BLVD MIAMI FL ☐ DELETE	1 TITLE / 1a NAME / 1b STREET ADDRESS / 1c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 TITLE / 2a NAME / 2b STREET ADDRESS / 2c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 3a NAME / 3b STREET ADDRESS / 3c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / 4a NAME / 4b STREET ADDRESS / 4c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5a NAME / 5b STREET ADDRESS / 5c CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6a NAME / 6b STREET ADDRESS / 6c CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 3/11/96 (305) 577-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)