

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **688834** (1)

1. Corporation Name

WIESENECK, BRISCOE & ANDRES, P.A.



Principal Place of Business

**772 U.S. HWY. 1, STE. #200
NORTH PALM BEACH FL 33408**

Mailing Address

**772 U.S. HWY. 1, STE. #200
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified
09/12/1980

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2027579

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

**WIESENECK, PAUL M
772 U.S. HWY. 1, STE. #200
NORTH PALM BEACH FL 33408**

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

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

(If 2 or more persons are authorized to sign, each must sign separately)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	WIESENECK, PAUL M.	
STREET ADDRESS	772 U.S. HWY. 1	
CITY-STATE-ZIP	N PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	WIESENECK, PAUL M.	
STREET ADDRESS	772 U.S. HWY. 1	
CITY-STATE-ZIP	N PALM BEACH FL	
TITLE	VP	☐ DELETE
NAME	BRISCOE, RICHARD	
STREET ADDRESS	772 U.S. HWY. 1	
CITY-STATE-ZIP	N PALM BEACH FL	
TITLE	TS	☐ DELETE
NAME	ANDRES, THOMAS B.	
STREET ADDRESS	772 U.S. HWY. 1	
CITY-STATE-ZIP	N. PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)