FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Apr 18 1997 8:00am
Secretary of State

DOCUMENT # F60874 (7)

1. Corporation Name

KENNETH A. WOLIS, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
4600 SHERIDAN STREET 205 HOLLYWOOD FL 33021 US	4600 SHERIDAN STREET STE 205 Ste 205 HOLLYWOOD FL 33021-3409 US

3. Date Incorporated or Qualified 12/31/1981	**3a. Date of Last Report** 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2158354	Applied For / Not Applicable
21	26		

Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27 Suite 205	

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State		City & State	
23		28	

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLIS, KENNETH A
4600 SHERIDAN STREET
SUITE 205
HOLLYWOOD FL 33021-3409

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable) Suite 205
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 _KENNETH A. WOLIS_   DATE 4/13/97

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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WOLIS, KENNETH A		1.2 NAME		
STREET ADDRESS	4600 SHERIDAN STREET SUITE 205		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 09		1.4 CITY-ST-ZIP	33021-3409	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WOLIS, NIZHA		2.2 NAME		
STREET ADDRESS	4600 SHERIDAN STREET SUITE 205		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 09		2.4 CITY-ST-ZIP	33021-3409	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____   4/12/97   (954) 963-????