

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****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 26 AM 9:14

DOCUMENT # J21299**(9)**

1. Corporation Name

WHITMAN CONSULTANTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3500 NORTH STATE ROAD 7, SUITE 299
FORT LAUDERDALE FL 33319****3500 NORTH STATE ROAD 7, SUITE 299
FORT LAUDERDALE FL 33319**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/26/1986

3a. Date of Last Report

02/04/1994

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0001083

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No**22**

City & State

City & State

TAMARAC FLORIDA**23****27**

Zip

Country

Zip

Country

24**25****28****33320****30****FLORIDA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, RON
3500 N. STATE ROAD 7, SUITE 299
FT. LAUDERDALE, 33319**

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP**PVP
STERN, RON
115 BENNETT AVE.
NEW YORK NY**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
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CITY ST ZIP4.1 TITLE
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5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), Florida Statutes. I further certify that the information included 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: *Ronald Stern*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)