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95 MAR -1 PM 4:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # K08730 (9)

1. Name of Entity

METZGER, SONNEBORN & RUTTER, P.A.

Principal Place of Business	Mailing Address
1545 CENTRE-PARK DR., N. P.O. BOX 24486 W. PALM BEACH FL 33401 US	1615 FORUM PLACE, SUITE 300 P.O. BOX 24486 W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1987

3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21 1545 CENTREPARK DR N
Suite, Apt. #, etc.
22
City & State
23 W. PALM BEACH
ZIP
24 33401
Country
25 PALM BEACH

2a. Mailing Address
26 PO BOX 24486
State, Apt. #, etc.
27
City & State
28 W. PALM BEACH
Zip
29 33401
Country
30 PALM BEACH

4. FEI Number: 65-0019986 ☐ 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

RUTTER, R WILLIAM JR
1545 CENTRE PARK DR., N.
STE 300
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1545 CENTREPARK DR N

83

84 City: W. PALM BEACH FL 85 Zip Code: 33401

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: (NEW Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: SONNEBORN, BARBARA W. STREET ADDRESS: 1545 CENTRE PARK DR., N. CITY-ST-ZIP: W. PALM BEACH FL	11 TITLE ☒ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP: W. PALM BCH., FL 33401
TITLE: SVD NAME: RUTTER JR., R. WILLIAM STREET ADDRESS: 1545 CENTRE PARK DR., N. CITY-ST-ZIP: W. PALM BCH. FL	21 TITLE ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP: W. PALM BCH, FL 33401
	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I 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 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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2-23-95 (407) 684-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNEE OF EACH OR DIRECTOR — Date — Daytime Phone

0242759 CP