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 # **L52648** **(7)**

1. Corporation Name

PAPY & WEISSENBORN, P.A.

Principal Place of Business

C/O CHARLES C. PAPY. JR.
201 ALHAMBRA CIRCLE. STE. 502
CORAL GABLES FL 33134

Mailing Address

C/O CHARLES C. PAPY. JR.
201 ALHAMBRA CIRCLE. STE. 502
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 02/21/1990
3a. Date of Last Report: 08/28/1995

2. Principal Place of Business
21 201 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
22 SUITE 502
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 201 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
27 SUITE 502
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 U.S.A.

4. FEI Number: 65-0229210 ☐ 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**

PAPY, CHARLES C JR
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

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

TITLE	PTD	☐ DELETE
NAME	PAPY, CHARLES C. JR.	
STREET ADDRESS	201 ALHAMBRA CIRCLE #502	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VSD	☐ DELETE
NAME	WEISSENBORN, SHERIDAN K.	
STREET ADDRESS	201 ALHAMBRA CIRCLE #502	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CHARLES C. PAPY, JR.

Date ______ (305)446-5100 Daytime Phone #