

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandha B. Mathum
Secretary of State
CORPORATIONS

199641296

B-3484 C

DOCUMENT # **L80967** (7)

1. Corporation Name

WHEELER & SEGARRA, P.A.



Principal Place of Business: **5825 SUNSET DR SUITE 300 S MIAMI FL 33143 US**
Mailing Address: **5825 SUNSET DR SUITE 300 S MIAMI FL 33143 US**

3. Date Incorporated or Qualified: **06/18/1990**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0201954**
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. 190.03, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WHEELER, HAROLD A. SR.
5825 SUNSET DRIVE
SUITE 300
SOUTH MIAMI FL 33143**

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 607.0702 and 607.1103, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change is authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0705, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SEGARRA, LUIS A	
STREET ADDRESS	9531 FOUNTAIN BLEAU BLVD 402	
CITY-ST-ZIP	MAIMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEGARRA, LUIS A	
STREET ADDRESS	8531 FOUNTAIN BLEAU BLVD 402	
CITY-ST-ZIP	MAIMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SAME	
13. STREET ADDRESS	5825 Sunset Drive Suite 300	
14. CITY-STATE-ZIP	So. Miami, FL 33143	
21. TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	SAME	
23. STREET ADDRESS	5825 Sunset Drive Suite 300	
24. CITY-STATE-ZIP	So. Miami, FL 33143	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

14. I do hereby certify that the information submitted in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the business is a corporation organized to operate the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form. My home address is:

SIGNATURE: *[Signature]* President
4-02-96 (305) 661-3033

CR2E034 (12/95)