CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M31820 (7)

1. Corporation Name
AHLRICH & LITTLE, P.A.

Principal Place of Business	Mailing Address
169 E. FLAGER ST. #1425 MIAMI FL 33131	5045 SHADOW PATH LANE LILBURN GA 30247 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/09/1986	07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 2801 Ponce de Leon BLVD.	Same
22 Suite, Apt. #, etc. 1140	27 Suite, Apt. #, etc.
23 City & State CORAL GABLES FL	28 City & State
24 Zip 33134 25 Country DADE	29 Zip 30 Country

4. FEI Number 59-2682473 ☐ 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	10. Name and Address of New Registered Agent
AHLRICH, JOHN C. 169 E. FLAGLER #1425 MIAMI FL 33131	81 Name CHARLES W. LITTLE 82 Street Address (P.O. Box Number is Not Acceptable) 83 2801 PONCE DE LEON BLVD, #1140 84 City CORAL GABLES FL 85 Zip Code 33134

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 John C. Ahlrich Charles W. Little 3/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change	☐ Addition
NAME	AHLRICH, JOHN C.	12 NAME		
STREET ADDRESS	5045 SHADOW PATH LANE	13 STREET ADDRESS	2295 PARKLAKE DR #510	
CITY-ST-ZIP	LILBURN GA	14 CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	O	21 TITLE	☒ Change	☐ Addition
NAME	LITTLE, CHARLES W.	22 NAME		
STREET ADDRESS	169 E. FLAGER #1425	23 STREET ADDRESS	2801 PONCE DE LEON BLVD #1140	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	$ DEPOSITED BY BANK	

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)(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: John C. Ahlrich Charles W. Little 3/13/95 305-448-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000002 FP