

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 11 21 AM

DOCUMENT # P93000002690 (4)

1. Corporation Name

WHITELOCK, SOLOFF, RODRIGUEZ & WILLIAMS, P.A.

Principal Place of Business

Mailing Address

BARNETT BANK BUILDING
ONE EAST BROWARD BLVD., SUITE 601
FT LAUDERDALE FL 33301
US

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ONE EAST BROWARD BLVD., SUITE 601
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1993

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0378178

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Taxation - (Corporate Income Tax)

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 ZIP

Country

28 ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITELOCK, CHARLES T ESQ.
BARNETT BANK BLDG.
ONE EAST BROWARD BLVD., SUITE 601
FT LAUDERDALE FL 33301

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ALL OTHER AGENTS (NAME, ADDRESS, CITY, STATE, ZIP)

TITLE	D
NAME	WHITELOCK, CHARLES T
STREET ADDRESS	ONE E. BROWARD BLVD., STE. 601
CITY, ST, ZIP	FT LAUDERDALE FL 33301
TITLE	D
NAME	SOLOFF, ROBERT D
STREET ADDRESS	ONE E. BROWARD BLVD., STE. 601
CITY, ST, ZIP	FT LAUDERDALE FL 33301
TITLE	D
NAME	RODRIGUEZ, CARMEN M
STREET ADDRESS	ONE E. BROWARD BLVD., STE. 601
CITY, ST, ZIP	FT LAUDERDALE FL 33301
TITLE	D
NAME	WILLIAMS, ELIJAH H
STREET ADDRESS	ONE E. BROWARD BLVD., STE. 601
CITY, ST, ZIP	FT. LAUDERDALE FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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	

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:

Charles T. Whitlock
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

June 7, 1995
DATE

(Signature of Secretary of State)

CR2E034 (3/95)