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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000015750 (1)

1. Corporation Name

WITTMER & CARVER, P.A.

Principal Place of Business

4651 PONCE DE LEON BLVD  
200  
CORAL GABLES FL 33146  
US

Mailing Address

4651 PONCE DE LEON BLVD  
200  
CORAL GABLES FL 33146-2131  
US

3. Date Incorporated or Qualified  
03/02/1993

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

21 2014 Fourth Street

2a. Mailing Address

26 2014 Fourth Street

4. FEI Number

65-0415983

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Sarasota FL

City & State

28 Sarasota FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24 34237

25 USA

Zip

29 34237

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WITTMER, STEVEN T  
4651 PONCE DE LEON BLVD  
SUITE 200  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81

Name

Steven T. Wittmer

82

Street Address (P.O. Box Number is Not Acceptable)

2014 Fourth Street

83

84

City

Sarasota

FL

85

Zip Code

34237

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
WITTMER, STEVEN T  
STREET ADDRESS  
7550 RED ROAD, SUITE 203  
CITY - ST - ZIP  
SOUTH MIAMI FL 33143

TITLE ☐ DELETE

NAME  
D  
CARVER, J C  
STREET ADDRESS  
1101 SWANN AVE. WEST  
CITY - ST - ZIP  
TAMPA FL 33606

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

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

941-365-2296

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CR2E034 (9/96)