FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:14

DOCUMENT # P93000026653 (4)

1. Corporation Name
THOMAS W. MCALILEY, A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
201 S. BISCAYNE BLVD. SUITE 3260, MIAMI CENTER MIAMI FL 33131	201 S. BISCAYNE BLVD. SUITE 3260, MIAMI CENTER MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 2025 SECOFFEE ST.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FLA.
24: Zip: 33133
25: Country:

2a. Mailing Address
26: 2025 SECOFFEE ST.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FLA.
29: Zip: 33133
30: Country:

4. FEI Number: 65-0402219 ☐ 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

MCALILEY, THOMAS W
201 S. BISCAYNE BLVD.
SUITE 3260, MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: JANET R. MCALILEY
82 Street Address (P.O. Box Number is Not Acceptable): 2025 SECOFFEE ST.
83:
84 City: MIAMI FL 85 Zip Code: 33133

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: Janet R McAliley JANET R. MCALILEY 2/3/95
(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	PTSD	1.1 TITLE	PERSONAL REPRESENTAIVE ☐ Change ☐ Addition
NAME	MCALILEY, THOMAS W.	1.2 NAME	JANET A. MCALILEY
STREET ADDRESS	201 S BISCAYNE BLVD STE 3260	1.3 STREET ADDRESS	2025 SECOFFEE ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLA 33133
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Janet R McAliley JANET R. MCALILEY 2/3/95 305-995-1334
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) Date Daytime Phone #

PERSONAL REPRESENTATIVE OF THE ESTATE OF THOS. W. MCALILEY

0120331 CP