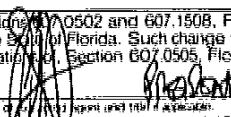


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 APR 14 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Monrham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000034369 (7)			
1. Corporation Name STEPHEN WATREL, P.A.			
Principal Place of Business 701 SAN MARCO BLVD. SUITE 1600 JACKSONVILLE FL 32207-8198 US		Mailing Address 701 SAN MARCO BLVD. SUITE 1600 JACKSONVILLE FL 32207-8198 US	
2. Principal Place of Business 21 9400 ATLANTIC BLVD. Suite, Apt. #, etc. 22 SUITE 22 City & State 23 JACKSONVILLE, FLORIDA Zip 24 32225		2a. Mailing Address 26 9400 ATLANTIC BLVD Suite, Apt. #, etc. 27 SUITE 22 City & State 28 JACKSONVILLE, FLORIDA Zip 29 32225	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent WATREL, STEPHEN 701 SAN MARCO BLVD. SUITE 1600 JACKSONVILLE FL 32201			
10. Name and Address of New Registered Agent 81 Name WATREL, STEPHEN 82 Street Address (P.O. Box Number is Not Acceptable) 9400 ATLANTIC BLVD 83 SUITE 22 84 City JACKSONVILLE FL 85 Zip Code 32225			
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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE  DATE 4-10-95 (NOTE: Registered Agent signature required when terminating)			
12. OFFICERS AND DIRECTORS 11 TITLE DP 12 NAME WATREL, STEPHEN 13 STREET ADDRESS 701 SAN MARCO BLVD STE. 1600 14 CITY-ST-ZIP JACKSONVILLE FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE DP ☒ Change ☐ Addition 12 NAME WATREL, STEPHEN 13 STREET ADDRESS 9400 ATLANTIC BLVD, SUITE 22 14 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32225 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 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 110.07(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, as an attachment with an address.			
SIGNATURE:  DATE 4-10-95 (404) 723-0030 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			