SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

19961-26-96 B-1430 C

DOCUMENT # P94000000301 (9)

1. Corporation Name

WILLIAM P. THOMAS, P.A.

Principal Place of Business	Mailing Address
4651 SHERIDAN STREET STE. 300 HOLLYWOOD FL 33021	4651 SHERIDAN STREET STE. 300 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report: 06/25/1995

2. Principal Place of Business	2a. Mailing Address
21 7797 NORTH UNIVERSITY DR.	26 7797 NORTH UNIVERSITY DR.
Suite, Apt. #, etc 22 108	Suite, Apt. #, etc. 27 108
City & State 23 TAMARAC, FLORIDA	City & State 28 TAMARAC, FLORIDA
Zip 24 33321	Country 25 BROWARD
Zip 29 33321	Country 30 BROWARD

4. FEI Number 65-0456909 ☐ Applied For ☐ Not Applicable
APPLIED FOR

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

THOMAS, WILLIAM P
4651 SHERIDAN STREET
STE. 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: THOMAS, WILLIAM P.
82 Street Address (P.O. Box Number is Not Acceptable): 7797 NORTH UNIVERSITY DRIVE
83 SUITE 108
84 City: TAMARAC, FLORIDA 33321 FL
85 Zip Code: 33321

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: W.P. Thomas, President
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, WILLIAM P ESQ. 4651 SHERIDAN STREET STE. 300 HOLLYWOOD FL 33021	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P THOMAS, WILLIAM P. ESQ 7797 NORTH UNIVERSITY DR. SUITE 108 TAMARAC, FLORIDA 33321	☒ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.P. Thomas, President 7-23-96 (954) 722-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025186 CP