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

APPROVED AND FILED
95 APR 25 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042134 (4)**

1. Corporation Name
WAGNER, P.A.

Principal Place of Business	Mailing Address
~~400 EXECUTIVE CENTER DRIVE SUITE 207~~ WEST PALM BEACH FL 33401	~~400 EXECUTIVE CENTER DRIVE SUITE 207~~ WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1994	3a. Date of Last Report:
2. Principal Place of Business 21: 1601 Forum Place	2a. Mailing Address 26:
Suite, Apt. #, etc. 22: #300	Suite, Apt. #, etc. 27: SAME
City & State 23: W.P.B. FL.	City & State 28:
Zip 24: 33401 County 25: Palm Bch	Zip 29: County 30:
4. FEI Number: 65-0482775	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	10. Name and Address of New Registered Agent
WAGNER, H T JR ~~400 EXECUTIVE CENTER DRIVE SUITE 207~~ WEST PALM BEACH FL 33401	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 1601 Forum Place 83: SUITE 300 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: _____ 4/21/95
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	WAGNER, H T JR	12 NAME	
STREET ADDRESS	~~400 EXECUTIVE CENTER DRIVE SUITE 207~~	13 STREET ADDRESS	1601 FORUM PLACE SUITE 300
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 above, or on an attachment with an identifier.

SIGNATURE: _____ 4/21/95 407 686 1120
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0943240 CP