FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

STATE Sandra B. Morth

Secretary of State

DIVISION OF CORPORA

DOCUMENT # P94000042134 (4)
1. Corporation Name
WAGNER, P.A.

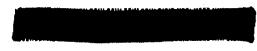
H. THOMAS WAGNER,

WAGNER, P.A.

N/A 2/1/07

N/C	410/4+		
Principal Place of Business	Mailing Address		
1601 FORUM PLACE	1601 FORUM PLACE		
#300	#300		

FILED Apr 22 1997 8:00am Secretary of State



1601 FORUM P #300 WEST PALM BI		1601 FORUM PLACE #300 West Palm Beach FL 334	01-8102			
US		US			3. Date Incorporated or Qualified 05/31/1994	3a. Date of Last Report 04/29/1996
— ' '	ace of Business	2a. Mailing Address			4. FEI Number 65-0492775	Applied For
21 Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Regulred
City & State	>	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zip	Country	,,,,,,	8. This corporation has liability for i	
	9. Name and Address of Curre			, ,	10. Name and Address of New Re	gistered Agent
· WAG	SNER, H T JR		81	Name		
	FORUM PLACE		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)
	E 300		83			
WES	IT PALM BEACH FL 33401		- 03			
			84	City		FL 85 Zip Code
office or re agent. Far	o the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was au	thorized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered
SIGNATURE	Signature, typod or printed name of registered ag	ent and title if applicable. (NOTE	Registered Age	eni signature requ	ired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D WACNED H.T. ID	DELETE	1.1 TITLE			Change Addition
NAME	WAGNER, H T JR 1601 FORUM PLACE SUITE 3	200	1.2 NAME	***************************************		: :
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL	X V	1.3 STREET 1.4 CITY - S	- 1		
THUE	THE TEN DESCRIPTION	DELETE	2.1 TITLE	11-211		☐ Change ☐ Addition
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY - ST - ZIP			2. 4 CiTY-	ST-21P		
11116		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME (3.2 NAME	ĺ		
STREET ADDRESS			3.3 STREET			
City-St-7iP		DELETE	3.4. C(TY-:	ST - ZIP		Change Addition
TITLE NAME		LI OCCUTE	4.1 TITLE 4. 2 NAME			Circulate Circulation
STREET ADDRESS			4.3 STREET	ADDRESŠ	y	
CITY-ST-ZIP			4.4 CITY - S			0.4 1
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			52 NAME			11/1/2 /21
STREET ADDRESS			5.3 STREET	ADDRESS	V - C - C	411412219-19-19
CITY - ST - ZIP			5.4 CITY-S	T-ZIP		
TiTLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME		90000215	1609
STREET ADDRESS			6.3 STREET	1	90000215 -04/23/970104	46012
14. I do heret	by certify that the information supplie	ed with this filing does not qualify	for the exe	mption state	nd in Section 119.07(3)(1), Florida Statute	s. I further certify that the
informatio	n indicated on this annual report or	supplemental armual report is tru	e anii accu	urate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that

SIGNATURE:

Davilme Phone #