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CORPORATION



FLORIDA DEPARTMENT OF STATE

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Mar 18 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Socrotary of State DIVISION OF CORPORATIONS 1998

DOCUMENT # P94000067336 (5) ALAN S. WHITEMAN, PH.D. & ASSOCIATES, INC. Principal Place of Business Mailing Address 675 NW 101 TERR 675 NW 101 TERR CORAL SPRINGS FL 33071 **CORAL SPRINGS FL 33071** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 65-0521000 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 Yes Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name WHITEMAN, ALAN S 675 NW 101 TERR 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 85 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. en reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition WHITEMAN, ALAN S NAME 1.2 NAME 675 NW 101 TERR STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZiP 1.4 CHY-ST-ZIP DELETE ☐ Change TITLE 2.1 TITLE Addition WHITEMAN, SHARRON L NAME 2.2 NAME 675 NW 101 TERR STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-S1-ZIF 2 4 CITY - ST - ZIP DETETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DILLIE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREE! ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6 1 TITLE ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information subject with this filing d gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or officer or director of the proparati Block 12 or Block 13 if Changed, And accurate and that my signature shall have the same legal effect as if made under oath; that I am an wored to execute this report as inquired by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE