

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073347 (4)

1. Corporation Name

WILLIAM C. HEARON, P.A.

Principal Place of Business

44 W. FLAGLER ST., STE. 1900
MIAMI FL 33130-1808

Mailing Address

44 W. FLAGLER ST., STE. 1900
MIAMI FL 33130-1808



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

HEARON, WILLIAM C
44 W. FLAGLER ST., STE. 1900
MIAMI FL 33130-1808

3. Date Incorporated or Qualified
10/01/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0528373

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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. Thereby accept this appointment as registered agent, I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the corporation's

Signature of the person who is the registered agent or the corporation's

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	DPS HEARON, WILLIAM C 44 W. FLAGLER ST., STE. 1900 MIAMI FL	13.	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST. ZIP 5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST. ZIP 9. NAME 10. NAME 11. STREET ADDRESS 12. CITY, ST. ZIP 13. NAME 14. NAME 15. STREET ADDRESS 16. CITY, ST. ZIP 17. NAME 18. NAME 19. STREET ADDRESS 20. CITY, ST. ZIP 21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST. ZIP 25. NAME 26. NAME 27. STREET ADDRESS 28. CITY, ST. ZIP 29. NAME 30. NAME 31. STREET ADDRESS 32. CITY, ST. ZIP 33. NAME 34. NAME 35. STREET ADDRESS 36. CITY, ST. ZIP 37. NAME 38. NAME 39. STREET ADDRESS 40. CITY, ST. ZIP 41. NAME 42. NAME 43. STREET ADDRESS 44. CITY, ST. ZIP 45. NAME 46. NAME 47. STREET ADDRESS 48. CITY, ST. ZIP 49. NAME 50. NAME 51. STREET ADDRESS 52. CITY, ST. ZIP 53. NAME 54. NAME 55. STREET ADDRESS 56. CITY, ST. ZIP 57. NAME 58. NAME 59. STREET ADDRESS 60. CITY, ST. ZIP 61. NAME 62. NAME 63. STREET ADDRESS 64. CITY, ST. ZIP 65. NAME 66. NAME 67. STREET ADDRESS 68. CITY, ST. ZIP 69. NAME 70. NAME 71. STREET ADDRESS 72. CITY, ST. ZIP 73. NAME 74. NAME 75. STREET ADDRESS 76. CITY, ST. ZIP 77. NAME 78. NAME 79. STREET ADDRESS 80. CITY, ST. ZIP 81. NAME 82. NAME 83. STREET ADDRESS 84. CITY, ST. ZIP 85. NAME 86. NAME 87. STREET ADDRESS 88. CITY, ST. ZIP 89. NAME 90. NAME 91. STREET ADDRESS 92. CITY, ST. ZIP 93. NAME 94. NAME 95. STREET ADDRESS 96. CITY, ST. ZIP 97. NAME 98. NAME 99. STREET ADDRESS 100. CITY, ST. ZIP
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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)(g), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to conduct this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. HEARON
President

4/3/96

305
759-9813

CR2E034 (12/95)