

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000006084 (4)

1. Corporation Name  
TILGHMAN & VIETH, P.A.

Principal Place of Business

1401 BRICKELL AVE  
320  
MIAMI FL 33131  
US

Mailing Address

1401 BRICKELL AVE  
320  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1995

4. FEI Number

65-0552584

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 2 So. Biscayne Blvd  
Suite, Apt. #, etc.  
22 Ste 2410

23 City & State  
Miami FL

24 Zip  
33131

25 Country  
USA

26. Mailing Address

26 2 So. Biscayne Blvd  
Suite, Apt. #, etc.  
27 Suite 2410

28 City & State  
Miami FL

29 Zip  
33131

30 Country  
USA

9. Name and Address of Current Registered Agent

VIETH, H M  
1401 BRICKELL AVE  
320  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
Vieth H. M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2 South Biscayne Blvd  
83 Suite 2410  
84 City  
Miami FL 85 Zip Code  
33131

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

*Harry Mark Wolf*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VIETH, H M  
STREET ADDRESS 4000 MALAGA  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE

NAME TILGHMAN, ROBERT C  
STREET ADDRESS 1102 GENOA STREET  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or in an attachment with the address.

SIGNATURE: X

*Robert C. Tilghman* Robert C. Tilghman 1/30/98 8053818806

CR2E034 (10/97)