FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000073287 (1)**

1. Corporation Name

WALLBERG, LARSON & RENZY, P.A.

Principal Place of Business	Mailing Address
5461 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308	5461 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 09/20/1995
3a. Date of Last Report: 9/20/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0699459 ☐ 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

~~LARSON, JOHN C ESQ~~
~~5461 NORTH FEDERAL HIGHWAY~~
~~FORT LAUDERDALE FL 33308~~

10. Name and Address of New Registered Agent

81 Name: Wendy S. Wallberg, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5461 North Federal Highway
83
84 City: Fortlandadale FL 85 Zip Code: 33308

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/30/96
Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/P/M	☒ Change ☐ Addition
NAME	WALLBERG, WENDY S ESQ		1.2 NAME	Wallberg, Wendy, Esq.	
STREET ADDRESS	13502 NE 24TH COURT		1.3 STREET ADDRESS	13502 NE 24th Court	
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY-ST-ZIP	North Miami, FL 33181	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, JOHN C ESQ		2.2 NAME		
STREET ADDRESS	9095 W SUNRISE BLVD. -resigned		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D/P	☒ Change ☐ Addition
NAME	RENZY, RONALD ESQ		3.2 NAME	Renzy, Ron, Esq.	
STREET ADDRESS	4507 W ALTANTIC BLVD. #1712		3.3 STREET ADDRESS	4507 W. Atlantic Blvd. #1712	
CITY-ST-ZIP	COCONUT CREEK FL 33066-1764		3.4 CITY-ST-ZIP	Coconut Creek, FL 33066-1764	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 on an attachment with an address.

SIGNATURE: Ron Renzy 4/30/96 (954) 772-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #