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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000085824 (6)

1. Corporation Name
WILKINS AND DEUTSCH, P.A.



Principal Place of Business
370 W CAMINO GARDENS BLVD. SUITE 338
BOCA RATON FL 33432

Mailing Address
370 W CAMINO GARDENS BLVD. SUITE 338
BOCA RATON FL 33432-5816

3. Date Incorporated or Qualified
10/16/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 Post Office Box
Suite, Apt. #, etc. 970503

2a. Mailing Address
26 P.O. Box 970503
Suite, Apt. #, etc.

22 City & State
BOCA RATON FL

28 City & State
BOCA RATON FL

23 Zip
33497

25 Country
USA

29 Zip
33497

30 Country
USA

4. FEI Number
65-0723646

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

DEUTSCH, ROBERTA M
370 W CAMINO GARDENS BLVD, SUITE 338
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D DEUTSCH, ROBERTA M 370 W CAMINO GARDENS BLVD, SUITE 338 BOCA RATON FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
<input type="checkbox"/> DELETE		2.2 NAME	
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	
<input type="checkbox"/> DELETE		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE

CR2E034 (9/96)