**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 # **S41090** **(9)**

1. Corporation Name

**WALDMAN & FELUREN, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2999 N. E. 191ST STREET. PH-8<br>NORTH MIAMI BEACH FL 33180 | 2999 N. E. 191ST STREET. PH-8<br>NORTH MIAMI BEACH FL 33180 |

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 03/01/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 ONE FINANCIAL PLAZA | 26 ONE FINANCIAL PLAZA |
| 22 Suite, Apt. #, etc. SUITE 1500 | 27 Suite, Apt. #, etc. SUITE 1500 |
| 23 City & State FORT LAUDERDALE FL | 28 City & State FORT LAUDERDALE FL |
| 24 Zip 33394 25 Country | 29 Zip 33394 30 Country |

4. FEI Number: 65-0259686 ☐ 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

FELUREN, M.
2999 NE 191 STREET - PH8
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 3 AVENUE
83 ONE FINANCIAL PLAZA SUITE 1500
84 City FORT LAUDERDALE FL 85 Zip Code 33394

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: M. FELUREN — 1/19/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>FELUREN, M.<br>2999 N.E. 191 ST, PH8<br>NORTH MIAMI BCH FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D, P<br>M. FELUREN<br>ONE FINANCIAL PLAZA · SUITE 1500<br>FORT LAUDERDALE, FL 33394 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>WALDMAN, G.<br>2999 NE 191 ST, PH8<br>NORTH MIAMI BCH FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D, VP<br>G. WALDMAN<br>ONE FINANCIAL PLAZA · SUITE 1500<br>FORT LAUDERDALE, FL 33394 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>FERRER, A.<br>2999 NE 191 ST, PH8<br>NORTH MIAMI BCH FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** , PRES. — 1/19/96 — 9544678600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)