CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03169 (2)

1. Corporation Name
WILLIAM DAVID NEWMAN, JR., P.A.

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA SUITE 2626 FT. LAUDERDALE FL 33394	ONE FINANCIAL PLAZA SUITE 2626 FT. LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 1655 PALM BEACH LAKES BLVD
Suite, Apt. #, etc.
22 S. 900
City & State
23 WEST PALM BEACH, FL
24 Zip 33401
25 County PALM BEACH

2a. Mailing Address
26 1655 PALM BEACH LAKES BLVD
Suite, Apt. #, etc.
27 S. 900
City & State
28 WEST PALM BEACH, FL
29 Zip 33401
30 County PALM BEACH

4. FEI Number: 65-0306247
☐ 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

NEWMAN, WILLIAM DAVID, JR.
ONE FINANCIAL PLAZA
SUITE 2626
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: WM DAVID NEWMAN JR
82 Street Address (P.O. Box Number is Not Acceptable): 1655 PALM BEACH LAKES BLVD
83 S. 900
84 City: WEST PALM BEACH FL 85 Zip Code 33401

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: Wm David Newman Jr
Signature, typed 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	D	11 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, WILLIAM DAVID	12 NAME	
STREET ADDRESS	1162 LAGUNA SPRINGS DR.	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Wm David Newman Jr. 4/26/95 407-689-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0241449 CP