SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10: 13

DOCUMENT # V17668 (7)

1. Corporation Name

JEFFREY D. WEINKLE, P.A.

Principal Place of Business	Mailing Address
1 NE SECOND ST. #200 MIAMI FL 33132 US	1 NE SECOND AVE. #200 MIAMI FL 33132 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 07/28/1994
4. FEI Number: 65-0390447 ☐ 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	10. Name and Address of New Registered Agent
WEINKLE, JEFFREY D. 1 NE SECOND AVE #200 MIAMI FL 33132	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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] 6/6/95
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 INFO	
TITLE	PSV	1 1 TITLE	☐ Change ☐ Addition
NAME	WEINKLE, JEFFREY D.	1 2 NAME	
STREET ADDRESS	1 NE SECOND AVE., #200	1 3 STREET ADDRESS	
CITY · ST · ZIP	MIAMI FL	1 4 CITY · ST · ZIP	
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	WEINKLE, JEFFREY D.	2 2 NAME	
STREET ADDRESS	~~4040 PONCE DE LEON BLVD~~	2 3 STREET ADDRESS	1 NE Second Ave
CITY · ST · ZIP	~~CORAL GABLES FL~~	2 4 CITY · ST · ZIP	Miami, FL 33132
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY · ST · ZIP		3 4 CITY · ST · ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY · ST · ZIP		4 4 CITY · ST · ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY · ST · ZIP		5 4 CITY · ST · ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY · ST · ZIP		6 4 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)(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: [signature] 6/8/95 (305) 373-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeffrey D. Weinkle

CR2E034 (3/95)

0066902 CP