FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 JAN 25 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39936 (2)

1. Corporation Name
GALE CICERIC PAYNE, P.A.

Principal Place of Business	Mailing Address
1800 S.E. 3RD AVE. STE. B FT. LAUDERDALE FL 33316	1800 S.E. 3RD AVE. STE. B FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0339904 ☐ Applied For ☐ Not Applicable
21 1132 SE 2 Ave.	26 1132 SE 2 Ave.	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 33316-1008 25 USA	Zip / Country 29 33316-1008 30 USA	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
PAYNE, GALE CICERIC 1800 S.E. 3RD AVE. STE. B FT. LAUDERDALE FL 33316	81 Name: PAYNE, GALE CICERIC 82 Street Address (P.O. Box Number is Not Acceptable): 1132 SE 2 Ave. 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33316-1008

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, GALE CICERIC	1.2 NAME	
STREET ADDRESS	1800 S.E. 3RD AVE., #B	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, GALE CICERIC	2.2 NAME	
STREET ADDRESS	1132 SE 2 Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316-100	2.4 CITY-ST-ZIP	
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	SCC 1-26-95

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: Gale Ciceric Payne Gale Ciceric Payne 01/15/95 (305)761-9600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0226226 CP