

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 # P94000033985 (0)

1. Corporation Name

MARK G. USDIN, P.A.



Principal Place of Business

1301 RIVERPLACE BLVD
SUITE 2501
JACKSONVILLE FL 32207
US

Mailing Address

1301 RIVERPLACE BLVD
SUITE 2501
JACKSONVILLE FL 32207
US

2. Principal Place of Business

2a. Mailing Address

21 1301 RIVERPLACE BLVD SUITE 2501
22 SUITE 2501
23 JACKSONVILLE, FL
24 32207 US
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26 1301 RIVERPLACE BLVD
27 SUITE 2501
28 JACKSONVILLE, FL
29 32207 US
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3. Date Incorporated or Qualified
05/05/1994

3a. Date of Last Report
02/20/1995

4. FEI Number
59-3242680

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

USDIN, MARK G
1301 GULF LIVE DR
SUITE 2501
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
USDIN, MARK G
82 Street Address (P.O. Box Number is Not Acceptable)
1301 RIVERPLACE BLVD.
83 SUITE 2501
84 City JACKSONVILLE FL 85 Zip Code 32207

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

Mark Usdin, Director

1-19-96

Signature typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2. 2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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3. 3.1 TITLE
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4. 4.1 TITLE
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5. 5.1 TITLE
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6. 6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Mark Usdin, Director 1-19-96 (904) 399 4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)