

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 20 PM 1:44

**DOCUMENT # P94000040914 (1)**

1. Corporation Name  
**1601 LAUDERHILL, INC.**

Principal Place of Business Mailing Address  
**3315 OTTAWA LANE 3315 OTTAWA LANE  
COOPER CITY FL 33026 COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/26/1994** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0491380</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UECKER, RICHARD KEITH 3315 OTTAWA LANE COOPER CITY FL 33026</b>				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City			
				b5 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 \_\_\_\_\_ 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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, WILLIAM DONALD JR.</b>	1.2 NAME	
STREET ADDRESS	<b>10901 BAYSHROE DRIVE, VILLA 1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33138</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UECKER, RICHARD KEITH</b>	2.2 NAME	
STREET ADDRESS	<b>3315 OTTAWA LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, WILLIAM DONALD SR.</b>	3.2 NAME	
STREET ADDRESS	<b>10911 BAYSHORE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33138</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 the 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: *Richard Keith Uecker* - SECRETARY  
Signature and typed or printed name of signing officer or director  
**RICHARD KEITH UECKER**  
 Date: **1/15/95** 305-433-8211  
(Digital Press #)