

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90020 047 ***150.00

DOCUMENT # S04172 1. Entity Name JOHNSON, ANSELMO, MURDOCH, BURKE, PIPER & MCDUFF, P.A.					
Principal Place of Business 790 EAST BROWARD BLVD. SUITE 400 FORT LAUDERDALE, FL 33301			Mailing Address 790 EAST BROWARD BLVD. SUITE 400 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 2455 E. Sunrise Blvd.			3. Mailing Address Suite, Apt. #, etc. Suite 1000		
City & State FT. Lauderdale FL.			City & State FT. Lauderdale FL.		
Zip 33304		Country USA		Zip 33304	
Country USA		4. FEI Number 65-0220140			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MURDOCH, ROBERT E. 790 EAST BROWARD BLVD. FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2455 E. Sunrise Blvd, Ste 1000 City FT. Lauderdale FL Zip Code 33304		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent: SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election, Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCH, ROBERT E. 790 EAST BROWARD BLVD. FORT LAUDERDALE, FL	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, E. BRUCE 790 EAST BROWARD BLVD. FORT LAUDERDALE, FL	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MICHAEL T. 790 EAST BROWARD BLVD. FORT LAUDERDALE, FL	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert E. Murdoch</u> Robert E. Murdoch 1/6/05 954-463-0100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

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