## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014406 (0)

THE LAW OFFICES OF LISE HUDSON, P.A.

415 5TH ST 415 5TH ST WEST PALM BEACH FL 33401-3903 WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1994 02/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0476848 Not Applicable 21 26 Suite, Apt. #, etc Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıp Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUDSON, LISE L 415 5TH ST Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 City 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. Familiar with land accept the obligations of Section 607.0506, Florida Statutes. le SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. TITLE n DELETE 1.1 TITLE Director Change Addition hise Hudson-Uraua HUDSON, LISE L 1.2 NAME R2E034 NAME 174 Benttree Drive 8145 C. BRIDGE WATER CT 1.3 STREET ADDRESS STREET ADDRESS LAKE CLARNE SHORES FL 33418 1.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS

6 4 CITY - ST - ZIP 14. I do 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 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 Blo 13 if changed, pr on an attachment with an address.

4.4 CITY - ST-ZIP

**53 STREET ADDRESS** 

6 3 STREET ADDRESS

5.4 CiTY-ST-ZIP

5 1 TITLE

5.2 NAME

61 TITLE 6.2 NAME

**SIGNATURE** 

CITY - S1 - ZIF

STREET ADDRESS

CITY-ST-Z-P

CITY-ST-7-P

TITLE

NAME

THILE

NAME STREET ADDRESS

\_\_\_ DELETE

DELETE

Change

TT Change

\_\_\_ Addition

Addition

**FILED** 

Jan 22 1997 8:00am

Secretary of State