

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR -2 PM 3: 36

DOCUMENT # 481500 (7)

1. Corporation Name

MUDRICK, WITT, LEVY & CONSOR REPORTING AGENCY, I
NC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

COMEAU BUILDING
319 CLEMATIS STREET, 5TH FLOOR
33401 33401

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319 CLEMATIS STREET, 5TH FLOOR
33401 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1975

3a. Date of Last Report

03/30/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

MUDRICK, MURRAY J.
319 CLEMATIS STREET 5TH FLOOR
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MUDRICK, MURRAY J
STREET ADDRESS 3400 N OCEAN DR 1701
CITY- ST- ZIP SINGER ISLAND FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE TD
NAME WITT, STUART H
STREET ADDRESS 17912 FAIROAKS WAY
CITY- ST- ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE VD
NAME LEVY, ARNOLD
STREET ADDRESS 1089 DEERWOOD LANE
CITY- ST- ZIP FT LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE SD
NAME CONSOR, JUDITH F.
STREET ADDRESS 880 LAKESIDE DRIVE
CITY- ST- ZIP NORTH PALM BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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 or changed, or is an attachment with an address.

SIGNATURE:

MURRAY J. MUDRICK 2-27-95 407 659 4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)