

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 481500 (7)

1. Corporation Name

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

Principal Place of Business

COMEAU BUILDING
319 CLEMATIS STREET, 5TH FLOOR
33401 33401

Mailing Address

COMEAU BUILDING
319 CLEMATIS STREET, 5TH FLOOR
33401 33401

3. Date Incorporated or Qualified
07/30/1975

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
NOT APPLICABLE

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

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 607.0532 and 607.1503, 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 or director (if not applicable)

Signature typed or printed name of registered agent or director (if not applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME CONSOR, JUDITH F.
STREET ADDRESS 860 LAKESIDE DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300001873602
-06/24/96--01049--039
***200.00

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:

M. J. Mudrick
M. J. MUDRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 407/659-4155
CS 5/1/96

CR2E034 (12/95)