

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:09

DOCUMENT # 710444 (1)

1. Corporation Name

ROBERT O. LAW FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 11025
FT. LAUDERDALE FL 33339

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FT. LAUDERDALE FL 33339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1966** 3a. Date of Last Report **01/31/1994**

4. FEI Number **59-0914810** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suffix, Ant # etc: **26**

27. Suffix, Ant # etc:

22. City & State **27**

28. City & State

23. Zip Country **28**

29. Zip Country

24. **25**

30. **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEONARD, WILLIAM F.
4875 N. FEDERAL HWY., 10TH FLOOR
FT. LAUDERDALE FL 33308**

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, name or printed name of registered agent and title (if applicable)

Signature of Registered Agent (signature required when name changes)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LAW, ROBERT O., III
STREET ADDRESS	2091 BEACHWOOD
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	VPD
NAME	LAW, MARY JANE
STREET ADDRESS	2091 BEACHWOOD
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	STD
NAME	LEONARD, WILLIAM F.
STREET ADDRESS	4875 N. FEDERAL HWY.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	FITZGERALD, LESLIE LAW
STREET ADDRESS	128 SEA MARSH ROAD
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND OTHER CHANGES IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(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 assignee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of a corporation with a new name.

SIGNATURE:

William F. Leonard

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Leonard

1-13-95
Date

305-776-3600
District Phone #