

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H51909** (0)
1. Corporation Name
LUDWIG, P.A.



Principal Place of Business
**576 RIVERSIDE DRIVE
6437 N.W. 58TH WAY
CORAL SPRINGS FL 33071
US**

Mailing Address
**% MARTIN P. LUDWIG
6437 N.W. 58TH WAY
PARKLAND FL 33067**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1985		3a. Date of Last Report 07/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2513821		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**LUDWIG, MARTIN P.
6437 N.W. 58TH WAY
PARKLAND FL 33067**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 (if applicable)

Signature typed or printed name of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	LUDWIG, MARTIN P.			1.2 NAME			
STREET ADDRESS	6437 N.W. 58TH WAY			1.3 STREET ADDRESS			
CITY-STATE-ZIP	PARKLAND FL			1.4 CITY-STATE-ZIP			
TITLE	DVP	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	LUDWIG, MARTIN			2.2 NAME			
STREET ADDRESS	6437 NW 58 WAY			2.3 STREET ADDRESS			
CITY-STATE-ZIP	PARKLAND FL			2.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100001843851
-05/30/96--01015--039
***200.00

4-30-96

954
755-4778

CR2E034 (12/95)