FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 2:55

DOCUMENT # H89108 (5)

1. Corporation Name
UDINE & UDINE, P.A.

Principal Place of Business	Mailing Address
210 UNIVERSITY DR. SUITE 802 CORAL SPRINGS FL 33071	210 UNIVERSITY DR. SUITE 802 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1985
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 6208 W. Commercial Blvd	26 6208 W. Commercial Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL.	City & State 28 Ft. Lauderdale FL
Zip 24 33319	Zip 29 33319
Country 25 Broward	Country 30 Broward

4. FEI Number: 59-2612602 ☐ 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

UDINE, MOREY
210 UNIVERSITY DR.
SUITE 802
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6208 W. Commercial Blvd.
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33319

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: Morey Udine
(Signature of new or former 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	11 TITLE	☒ Change ☐ Addition
NAME	UDINE, MOREY	12 NAME	
STREET ADDRESS	210 UNIVERSITY DR #802	13 STREET ADDRESS	6208 W. Commercial Blvd.
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL. 33319
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	UDINE, MICHAEL	22 NAME	
STREET ADDRESS	210 UNIVERSITY DR #802	23 STREET ADDRESS	6208 W. Commercial Blvd.
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL. 33319
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Morey Udine 2/1/95 (305) 724-8199
(Signature of Officer or Director) (Typed or Printed Name of Officer or Director) (Date) (Daytime Phone #)

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