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

APPROVED AND FILED

95 APR 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J58712** **(7)**

1. Corporation Name
LAURENCE F. LEAVY, P.A.

Principal Place of Business	Mailing Address
% LAURENCE F. LEAVY 290 N W 165 STREET - M800 NORTH MIAMI BEACH FL 33169	% LAURENCE F. LEAVY 290 N W 165 STREET - M800 NORTH MIAMI BEACH FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1987
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business	2a. Mailing Address
21 4491 South State Rd 7	26 4491 South State Rd 7
Suite, Apt. #, etc. 22 PENTHOUSE 1	Suite, Apt. #, etc. 27 PENTHOUSE 1
City & State 23 FT. LAUDERDALE FL	City & State 28 FT LAUDERDALE FL
Zip / Country 24 33314 / 25 BROWARD	Zip / Country 29 33314 / 30 BROWARD

4. FEI Number: 59-2776729 ☐ 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

LEAVY, LAURENCE F.
290 NW 165 STREET - M800
NORTH MIAMI BEACH 33021

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 4491 South State Road 7
83: PENTHOUSE 1
84 City: FT LAUDERDALE FL 85 Zip Code: 33314

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, type or print 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	D	11 TITLE	☐ Change ☐ Addition
NAME	LEAVY, LAURENCE F.	12 NAME	SAME
STREET ADDRESS	290 NW 165 STREET, M800	13 STREET ADDRESS	4491 South State Road 7 Penthouse 1
CITY ST ZIP	NORTH MIAMI BCH FL	14 CITY ST ZIP	FT LAUDERDALE FL 33314
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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, added or deleted on an attachment with an address.

SIGNATURE: X Laurence F. Leavy (SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) X 4-19-95 (Date) X 305 854 7033 (Daytime Phone #)

0184360 CP