SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K10825** **(3)**

1. Corporation Name
LAW OFFICES OF THOMAS JAMES O'GRADY, P.A.

Principal Place of Business
1388 N.W. 2ND ST
P.O. BOX 1979
BOCA RATON FL 33432

Mailing Address
1388 N.W. 2ND ST
P.O. BOX 1979
BOCA RATON FL 33432

3. Date Incorporated or Qualified: **01/05/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27
City & State — 23 — City & State — 28
24 — 25 — 29 — 30

4. FEI Number: **65-0016548** — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
O'GRADY, THOMAS J.
1388 NW 2ND AVENUE, SUITE ONE
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
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: Registered Agent (if applicable) — Registered Agent (if not applicable) — Date

12. OFFICERS AND DIRECTORS

1 TITLE	D
2 NAME	O'GRADY, THOMAS J.
3 STREET ADDRESS	1388 N. W. 2ND ST.
4 CITY, ST, ZIP	BOCA RATON FL
5 TITLE	
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	
9 TITLE	
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Attach)

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY, ST, ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY, ST, ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY, ST, ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not contain any information stated in Section 119.07(3)(k), Florida Statutes. Further, I hereby certify that the information indicated on this annual report or supplemental annual report [illegible] shall have the same legal effect and made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 [illegible]

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0160172 FP