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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K60250 (3)

**1. Corporation Name
LOROW & CLAY, P.A.**

**Principal Place of Business Mailing Address
15485 EAGLE NEST LANE 15485 EAGLE NEST LANE
STE. 210 STE. 210
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/23/1989 **3a. Date of Last Report 05/01/1994**
4. FEI Number 65-0096756 **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**

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

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**
LOROW, NAT JR. **81** Name
15485 EAGLE NEST LANE #210 **82** Street Address (P.O. Box Number is Not Acceptable)
MIAMI LAKES FL 33014 **83**
84 City **85** Zip Code **FL**

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 (typed or printed name of registered agent and title if applicable)** **(NOTE: Registered Agent signature required when re-registering)** **DATE**

12. OFFICERS AND DIRECTORS **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOROW, NAT JR.	1.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LANE, STE. 210	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, MARY J.	2.2 NAME	
STREET ADDRESS	15485 EAGLE NEST LANE, #210	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI LAKES FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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: *Mary J. Clay* **4/24/95** **305-820-9211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **(Typed Name)**