

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L41672 (1)**

1. Corporation Name

**JEFFREY A. LICKER LEGAL CONSULTANT, INC.**

Principal Place of Business

1329 NW 126 WAY  
SUNRISE FL 33323  
US

Mailing Address

1329 NW 126 WAY  
SUNRISE FL 33323  
US

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0179246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICKER, JEFFREY A.  
4975 SABEL PALM BLVD #210  
TAMARAC FL 33319

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

Signature, hand or printed name of registered agent and fee 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
LICKER, JEFFREY A.  
4975 SABEL PALM BLVD.  
TAMARAC FL

1 1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Y  
LICKER, HAROLD  
4975 SABEL PALM BLVD.  
TAMARAC FL

2 1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information given with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 of this report or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Licker

Date

4/18/95

Daytime Phone #

305-475-900