## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR 10 AM 7: 38 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE FLORIDA Name and Mailing Address of Limited Liability Company 1a. Principal Place of Business Address L.A.W. CORAL SPRINGS, L.C. P.O. BOX 8020 3530 NORTH 45TH AVENUE HALLANDALE FL 33008-8020 HOLLYWOOD FL 33021 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 02/16/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEL Number 0566532 Applied For City & State City & State <del>PPLIED F</del>OR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country st 75 Adultional Fee Required D2/29/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name BEDZOW, MICHAEL BEDZOW, KORN & KAN, P.A. Street Address (P.O. Box Number Is Not Acceptable) 20803 BISCAYNE BLVD., STE. 200 AVENTURA FI 33180 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE . (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGR WEISS, LAURENCE A 3530 NORTH 45TH AVE. HOLLYWOOD FL 400002142924--2 -04/14/97--01190--004 \*\*\*\*\*203.75 \*\*\*\*\*203.75 11. I do hereby certify that the information supplied with this filing 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or tradee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #