


2-3-91 B-1017 - C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # M45290 (7) 1. Corporation Name JUDY HECKER, P.A.																											
Principal Place of Business 3911 SHERIDAN ST. HOLLYWOOD FL 33021		Mailing Address 3911 SHERIDAN ST. HOLLYWOOD FL 33021-3615																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																									
3. Date Incorporated or Qualified 01/23/1987		3a. Date of Last Report 01/30/1996																									
4. FEI Number 59-2771971		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
9. Name and Address of Current Registered Agent HECKER, JUDY 3911 SHERIDAN ST. HOLLYWOOD FL 33021		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P HECKER, JUDY</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HECKER, JUDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3911 SHERIDAN ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33021</td> <td></td> </tr> </table>		TITLE	P HECKER, JUDY	<input type="checkbox"/> DELETE	NAME	HECKER, JUDY		STREET ADDRESS	3911 SHERIDAN ST.		CITY-ST-ZIP	HOLLYWOOD FL 33021		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 28, 1997

Date

Daytime Phone #

0129100

CR2E034 (9/96)