FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008291 (6)**

1. Corporate Name

LAW OFFICES OF STEVEN GARELLEK, P.A.

Principal Place of Business

7000 W. PALMETTO PK RD
#300
BOCA RATON FL 33433
US

Mailing Address

7000 W. PALMETTO PL RD
#300
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1992

3a. Date of Last Report: 04/21/1994

2. Prior Corporate Name(s)
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22 # 400

Suite, Apt. # or Bldg.
27 #400

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 65-0378951 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Electronic Filing Requested ☐ — $5.00 May Be Added to Fees

Trust Fund Contribution

8. Has corporation been subject to an order of forfeiture under Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARELGE, STEVEN
9568 PALISADES PARK RD.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: Garlek, Steven

82 Street Address (P.O. Box Number is Not Acceptable)

83 #

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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: Steven Garlek 4/28/95

Signature of New Registered Agent — Typed or Printed Name of New Registered Agent — Date

12. OFFICERS AND DIRECTORS

Title	PD
Name	GARELLEK, STEVEN
Street Address	7000 W. PALMETTO PK RD. ~~#300~~
City, State, Zip	BOCA RATON FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition
Title
Name
Street Address: # 400
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
Name
Street Address
City, State, Zip

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: 4/28/95 407 391 3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0437390 FP