FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **P93000014642 (1)**

1. Corporation Name
THE LAW OFFICES OF STUART E. SOFF AND ASSOCIATES , P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2600 N. MILITARY TRAIL STE 400 BOCA RATON FL 33431	2600 N. MILITARY TRAIL STE 400 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4800 N. Federal Hwy.	26 4800 N. Federal Hwy.
Suite, Apt. #, etc. 22 300-D	Suite, Apt. #, etc. 27 300-D
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 Palm Beach	Zip / Country 29 33431 / 30 Palm Beach

4. FEI Number: 65-0390324 ☐ 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

9. Name and Address of Current Registered Agent

SOFF, STUART E
2600 N. MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

01 Name: STUART E. SOFF
02 Street Address (P.O. Box Number is Not Acceptable): 4800 North Federal Highway
03 Suite 300-D
04 City: Boca Raton, FL 05 FL Zip Code: 33431

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Director ☒ Change ☐ Addition
NAME	SOFF, STUART E	12 NAME	STUART E. SOFF
STREET ADDRESS	2600 N. MILITARY TRAIL STE 400	13 STREET ADDRESS	4800 N. Federal Highway #300-D
CITY ST ZIP	BOCA RATON FL 33431	14 CITY ST ZIP	Boca Raton, FL 33431
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate and 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 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 added above or on an attachment with an effective date.

SIGNATURE: _____ 5/9/95 (407) 394-9201
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0257063 CP