

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014642 (1)
 1. Corporation Name
**THE LAW OFFICES OF STUART E. SOFF AND ASSOCIATES
 , P.A.**

Principal Place of Business 2600 N. MILITARY TRAIL STE 400 BOCA RATON FL 33431	Mailing Address 2600 N. MILITARY TRAIL STE 400 BOCA RATON FL 33431
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2. Principal Place of Business 21 4800 N. Federal Hwy. Suite, Apt. #, etc. 22 300-D City & State 23 Boca Raton, FL Zip 24 33431	2a. Mailing Address 26 4800 N. Federal Hwy. Suite, Apt. #, etc. 27 300-D City & State 28 Boca Raton, FL Zip 29 33431
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3. Date Incorporated or Qualified 02/24/1993	3a. Date of Last Report 05/01/1994
4. FBI 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	

D. Name and Address of Current Registered Agent
SOFF, STUART E
2600 N. MILITARY TRAIL
SUITE 400
BOCA RATON FL 33431

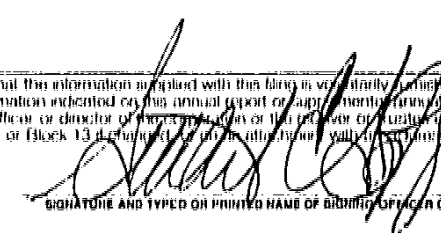
10. Name and Address of New Registered Agent
 01 Name
STUART E. SOFF
 02 Street Address (P.O. Box Number is Not Acceptable)
4800 North Federal Highway
 03 Suite 300-D
 04 City
Boca Raton, FL
 05 Zip Code
33431

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 _____
(Sign as: listed or printed name of registered agent and then as agent) (Print: Registered Agent signature required when name/addr)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SOFF, STUART E	1.1 TITLE Director	☒ Change ☐ Addition
NAME	SOFF, STUART E	1.2 NAME	STUART E. SOFF
STREET ADDRESS	2600 N. MILITARY TRAIL STE 400	1.3 STREET ADDRESS	4800 N. Federal Highway #300-D
CITY ST ZIP	BOCA RATON FL 33431	1.4 CITY ST ZIP	Boca Raton, FL 33431
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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, and that I am authorized and empowered to execute this filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:  **5/9/95 (707) 394-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

APPROVED AND FILED
95 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000001489920
-05/17/95--01002--011
******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE