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 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016734 (4)**

1. Corporation Name
LAW CORR TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
~~4605A ENRICH RD.~~ ~~TAMPA FL 33624~~	~~4605A ENRICH RD.~~ ~~TAMPA FL 33624~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1026 Headowlawn Dr. N	26 1026 Headowlawn Dr. N
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 St. Petersburg Florida	City & State 28 St. Petersburg FLA
Zip 24 33702 County 25 Pinellas	Zip 29 33702 County 30 Pinellas

4. FEI Number: 59-3179192 ☐ 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

MARINO, PAUL J
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name (Same)
82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd
83 Suite 3200
84 City Tampa FL 85 Zip Code 33602

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: Paul J Marino — Paul J. Marino — 4-26-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~	11 TITLE	DP ☑ Change ☐ Addition
NAME	~~HEINRICH, WALTER C~~	12 NAME	Victoria A. Marino
STREET ADDRESS	~~4305 FAIR OAKS AVE.~~	13 STREET ADDRESS	1026 Headowlawn Dr. N
CITY ST ZIP	~~TAMPA FL 33611~~	14 CITY ST ZIP	St. Petersburg FL 33702
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	MARINO, VICTORIA A	22 NAME	
STREET ADDRESS	1026 MEADOWLAWN DR. N	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33702	24 CITY ST ZIP	
TITLE	~~DV~~	31 TITLE	☐ Change ☐ Addition
NAME	~~FISHER, CHARLES J~~	32 NAME	
STREET ADDRESS	~~13020 CHERRY CREEK DR.~~	33 STREET ADDRESS	
CITY ST ZIP	~~TAMPA FL 33618~~	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 this information supplied with this filing is voluntarily furnished 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 on an attachment with an address.

SIGNATURE: Victoria A. Marino — Victoria A. Marino — 3/12/95 — (813) 526-7526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

0000484 CP