

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035737 (4)

1. Corporation Name  
**AMERICLAW CORPORATION**

Principal Place of Business: **6658 VIA REGINA BOCA RATON FL 33433**  
Mailing Address: **6658 VIA REGINA BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/18/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0498536</b> <del>APPLIED FOR</del>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

9. Name and Address of Current Registered Agent <b>JAMES, KEITH A ESQ 777 S FLAGLER DR SUITE 310E W PALM BCH. FL 33401</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 607.0504, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Registered Agent or Registered Agent and the Filing Agent) (Date of Registration) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <b>D FELDMAN, LENNARD</b>	1. NAME	2. CHANGE <input type="checkbox"/>	3. ADDITION <input type="checkbox"/>
2. STREET ADDRESS <b>6658 VIA REGINA</b>	2. STREET ADDRESS		
3. CITY, ST. ZIP <b>BOCA RATON FL 33433</b>	3. CITY, ST. ZIP		
4. NAME <b>D WALLACK, VIRGINIA E</b>	4. NAME	2. CHANGE <input type="checkbox"/>	3. ADDITION <input type="checkbox"/>
5. STREET ADDRESS <b>2810 GALE RD</b>	5. STREET ADDRESS		
6. CITY, ST. ZIP <b>WAYZATA MN 55391</b>	6. CITY, ST. ZIP		
7. NAME <b>D WALLACK, STEPHEN</b>	7. NAME	2. CHANGE <input type="checkbox"/>	3. ADDITION <input type="checkbox"/>
8. STREET ADDRESS <b>2810 GALE RD</b>	8. STREET ADDRESS		
9. CITY, ST. ZIP <b>WAYZATA MN 55391</b>	9. CITY, ST. ZIP		
10. NAME	10. NAME	2. CHANGE <input type="checkbox"/>	3. ADDITION <input type="checkbox"/>
11. STREET ADDRESS	11. STREET ADDRESS		
12. CITY, ST. ZIP	12. CITY, ST. ZIP		
13. NAME	13. NAME	2. CHANGE <input type="checkbox"/>	3. ADDITION <input type="checkbox"/>
14. STREET ADDRESS	14. STREET ADDRESS		
15. CITY, ST. ZIP	15. CITY, ST. ZIP		

14. I hereby certify that the information supplied with this report, voluntarily furnished, and does not qualify for the exemption stated in Section 19.027(9)(b), Florida Statutes. I further certify that the information with effect on the 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, or both, of the corporation or a member of a partnership or other entity as required by Chapter 207, Florida Statutes, and that my name appears on Block 1, or Block 1, of the output of an automated filing system with an archive.

SIGNATURE: \_\_\_\_\_  
(Signature and Typed or Printed Name of Signing Officer on Document)