FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000035737 (4)

AMERICLAW CORPORATION

FILED Feb 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						I INDITIONS LÍA SESSO LIGIT DOUG ENTIL DOUG		AL CORFERDI
8658 VIA REGINA 6658 VIA REGINA								
BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE IN THI	S SDACE	
						3. Date Incorporated or Qualified	O OF NOL	 -
						05/18/1993		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
26						65-0498536	_ No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			5. Certificate of Status Desired		Additional
22 27						5. Continuate of claims besides	Fee Re	equired
City & State			9			6. Election Campaign Financing		May Be
23 Zio				Country		Trust Fund Contribution		to Fees
24	25	29	30		,	B. This corporation owes or has paid the corporal Property Tax due June 30.		angible No
[24]	g. Name and Address of Curre					10. Name and Address of New Registere		
IAI	MES, KEITH A ESO			81	Name			
777 S FLAGLER DR					Ctroot Add	and /B O. Day Number in Net Accentable)		
SUITE 310E					Stieet Addr	ess (P.O. Box Number is Not Acceptable)		i
W PALM BCH. FL 33401				83				
,,,	THE COLL IS COLOR			84	City		les Zio	Code
				**	City	F	L 85 Zip '	2006
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	art darings with and accept the open	ganona oi, coolon ob			,			1
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Regi	stered Age	ent signature requir	ed when reinstating) DATE		
12.	OFFICERS AI	NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	L	DELETE 1	.1 TITLE	•		Change	Addition
NAME	FELDMAN, LENNARD		1	.2 NAME				[;
STREET ADDRESS	6658 VIA REGINA		1	.3 STREET	ADDRESS			[6
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CF DELETE 2.1 TI		T-ZIP			}
TITLE .	· D	Li			ŀ		Change	Addition C
NAME	WALLACK, VIRGINIA E			2 NAME				
STREET ADDRESS	2810 GALE RD				ADDRESS			
CITY-ST-ZIP TITLE			. 4 City-! .1 title	ST-ZIP		Change	Addition	
NAME	D Wallack, Stephen	، ت	•	.2 NAME	}		- Ollange	ROUIION
STREET ADDRESS	2810 GALE RD				ADDRESS			
CITY-ST-ZIP	WAYZATA MN 55391		-	4. CITY-5				
TITLE	MATERIA INIT 33331			A TOLE	21 · LIF		Change	Addition
NAME				. 2 NAME				
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP				4 CITY-S				
TITLE				1 TITLE			Change	Addition
NAME			1	.2 NAME			-]
STREET ADDRESS					ADDRESS			
CITY+ST-ZIP				4 CITY-S				
TITLE				.1 TITLE			Change	Addition
NAME				2 NAME			-	
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP			6	4 CITY-S	T-ZIP			
						6		

14. I hereby certify that the information supplied with this filling 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 resource or the resource of the corporation or the resource of the corporation of the resource of the corporation of the resource of the resource
