

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

65 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053113 (5)

1. Corporation Name

BROKEN PADDLE LAW, INC.

Principal Place of Business

**9100 S DADELAND BLVD
MIAMI FL 33156**

Mailing Address

**9100 S DADELAND BLVD
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0448189

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Incorporation

21 State Apt. # etc.

2a. Mailing Address

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**FREEMAN, PAUL H
9100 S DADELAND BLVD
SUITE 1406
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

(Signature of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

12.1	DPS
NAME	LEE, MARY A
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1406
CITY, ST, ZIP	MIAMI FL 33156
12.2	AS
NAME	FREEMAN, PAUL H.
STREET ADDRESS	9100 SOUTH DADELAND BOULEVARD, STE 1406
CITY, ST, ZIP	MIAMI FL
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	☐ Change ☐ Addition
13.2	
13.3	☐ Change ☐ Addition
13.4	
13.5	☐ Change ☐ Addition
13.6	
13.7	☐ Change ☐ Addition
13.8	
13.9	☐ Change ☐ Addition
13.10	
13.11	☐ Change ☐ Addition
13.12	
13.13	☐ Change ☐ Addition
13.14	
13.15	☐ Change ☐ Addition
13.16	
13.17	☐ Change ☐ Addition
13.18	
13.19	☐ Change ☐ Addition
13.20	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered agent of the corporation and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit or with an address.

SIGNATURE: *Paul H. Freeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul H. Freeman, ASST. Secretary

4/21/95

305-670-5499