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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:34

DOCUMENT # P93000066559 (4)

1. Corporation Name
SUSAN D. LASKY, P.A.

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA SUITE 2020 FT LAUDERDALE FL 33394	ONE FINANCIAL PLAZA SUITE 2020 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business
21 One East Broward Blvd.
Suite, Apt. #, etc.
22 Suite 1501
City & State
23 Ft. Lauderdale FL
24 33301 25 USA

2a. Mailing Address
26 One East Broward Blvd.
Suite, Apt. #, etc.
27 Suite 1501
City & State
28 Ft. Lauderdale FL
29 33301 30 USA

4. FEI Number: 65-0438265 ☐ 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

LASKY, SUSAN D
ONE FINANCIAL PLAZA
SUITE 2020
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: Lasky Susan D.
82 Street Address (P.O. Box Number is Not Acceptable): One East Broward Boulevard
83 Suite 1501
84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	LASKY, SUSAN D	12 NAME	Lasky, Susan D.	
STREET ADDRESS	ONE FINANCIAL PLAZA STE.2020	13 STREET ADDRESS	One East Broward Blvd. Suite 1501	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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 the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan D Lasky 4-5-95 (305) 462-2382
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

024A37 CR