FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996

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

DOCUMENT # P93000066559 (4)

1. Corporation Name

SUSAN D. LASKY, P.A.

Principal Place of Business	Mailing Address
ONE EAST BROWARD BOULEVARD SUITE 1501 FT. LAUDERDALE FL 33301 US	ONE EAST BROWARD BOULEVARD SUITE 1501 FT. LAUDERDALE FL 33301 US

2. Principal Place of Business	2a. Mailing Address
21 One Financial Plaza	26 One Financial Plaza
Suite, Apt. #, etc. 22 Suite 2020	Suite, Apt. #, etc. 27 Suite 2020
City & State 23 Ft. Lauderdale, FL.	City & State 28 Ft. Lauderdale FL
Zip 24 33394 Country 25 USA	Zip 29 33394 Country 30 USA

3. Date Incorporated or Qualified: **09/22/1993**

3a. Date of Last Report: **04/11/1995**

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 remains liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LASKY, SUSAN D
ONE EAST BROWARD BOULEVARD
SUITE 1501
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: Susan D. Lasky
82 Street Address (P.O. Box Number is Not Acceptable): One Financial Plaza
83 Suite 2020
84 City: Ft. Lauderdale FL 85 Zip Code: 33394

11. Pursuant to the provisions of Section(s) 617.0502 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 617.0505, Florida Statutes.

SIGNATURE: Susan D Lasky 4-2-96
(Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	13.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LASKY, SUSAN D	13.2 NAME	Lasky, Susan D.
STREET ADDRESS	ONE EAST BROWARD BOULEVARD; SUITE 1501	13.3 STREET ADDRESS	One Financial Plaza Suite 2020
CITY-ST-ZIP	FT. LAUDERDALE FL	13.4 CITY-ST-ZIP	Ft. Lauderdale FL 33394
TITLE	☐ DELETE	14.1 TITLE	☐ Change ☐ Addition
NAME		14.2 NAME	
STREET ADDRESS		14.3 STREET ADDRESS	
CITY-ST-ZIP		14.4 CITY-ST-ZIP	
TITLE	☐ DELETE	15.1 TITLE	☐ Change ☐ Addition
NAME		15.2 NAME	
STREET ADDRESS		15.3 STREET ADDRESS	
CITY-ST-ZIP		15.4 CITY-ST-ZIP	
TITLE	☐ DELETE	16.1 TITLE	☐ Change ☐ Addition
NAME		16.2 NAME	
STREET ADDRESS		16.3 STREET ADDRESS	
CITY-ST-ZIP		16.4 CITY-ST-ZIP	
TITLE	☐ DELETE	17.1 TITLE	☐ Change ☐ Addition
NAME		17.2 NAME	
STREET ADDRESS		17.3 STREET ADDRESS	
CITY-ST-ZIP		17.4 CITY-ST-ZIP	
TITLE	☐ DELETE	18.1 TITLE	☐ Change ☐ Addition
NAME		18.2 NAME	
STREET ADDRESS		18.3 STREET ADDRESS	
CITY-ST-ZIP		18.4 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)(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 above, or on an attachment with an address.

SIGNATURE: Susan D Lasky 4-2-96 (954)462-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Susan D. Lasky President

CR2E034 (12/95)