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

PROFIT CORPORATION ANNUAL REPORT

1999

Lawcomm, Inc.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

2000080 364 1. Corporation Name

May 13, 1999 8:00 am Secretary of State

05-13-1999 90040 020 ***150.00

Principal Place of Business	Mailing Address			
1645 Palm Beach Lakes Blvd.	1645 Palm Beach 1	Lakes Blvd.	,	
Suite 250	Suite 250			
West Palm Beach, FL 33401	West Palm Beach, FL 33401		DO NOT WRITE IN THIS SPACE	
	west laim peach,	111 33401	3. Date Incorporated or Qualifed	
			11/17/93	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0459118	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	<u>. </u>	Trust Fund Contribution	Added to Fees
Zip Country	Zip Coi	untry	8. This corporation owes the current year Inf	
24 25	29 30		Personal Property Tax.	XI Yes □ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
Ricci, Edward M.		81 Name		
1645 Palm Beach Lakes Blvd.		82 Street Addres	32 Street Address (P.O. Box Number is Not Acceptable)	
Suite 250		00		
West Palm Beach, FL 33401		83		
		84 City	FL	85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE □ DELETE 1.1 TITLE ☐ Change **DPVS** 1.2 NAME NAME Ricci, Edward M. 1645 Palm Beach Lakes Blvd., #250 1.3 STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP □ DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE 5.1 TITLE Change Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

561-684-6500 Daytime Phone #

CR2E034 (11/98