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

APPROVED AND FILED

95 MAY -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014406 (0)**

1. Corporation Name

THE LAW OFFICES OF LISE HUDSON, P.A.

Principal Place of Business	Mailing Address
230 ROYAL PALM WAY PALM BEACH FL 33480	230 ROYAL PALM WAY PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 415 5TH ST	26 415 5TH ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BCH FL	City & State 28 WEST PALM BCH FL
Zip 24 33401 Country 25 PB	Zip 29 33401 Country 30 PB

4. FEI Number: 65-0477848 ☐ 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	10. Name and Address of New Registered Agent
HUDSON, LISE L 230 ROYAL PALM WAY PALM BEACH FL 33480	81 Name: HUDSON LISE 82 Street Address (P.O. Box Number is Not Acceptable): 415 5TH ST 83 84 City: WEST PALM BCH FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0202 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D ☒ Change ☐ Addition
NAME	HUDSON, LISE L	2. NAME	HUDSON, LISE L
STREET ADDRESS	1733 VILLAGE BLVD., #103	3. STREET ADDRESS	815 E. BLUE WATER ST
CITY, ST, ZIP	WEST PALM BEACH FL 33409	4. CITY, ST, ZIP	LAKE CLARKE SHORES FL 33406
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	
TITLE		81. TITLE	☐ Change ☐ Addition
NAME		82. NAME	
STREET ADDRESS		83. STREET ADDRESS	
CITY, ST, ZIP		84. CITY, ST, ZIP	
TITLE		101. TITLE	☐ Change ☐ Addition
NAME		102. NAME	
STREET ADDRESS		103. STREET ADDRESS	
CITY, ST, ZIP		104. CITY, ST, ZIP	
TITLE		121. TITLE	☐ Change ☐ Addition
NAME		122. NAME	
STREET ADDRESS		123. STREET ADDRESS	
CITY, ST, ZIP		124. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report 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 if changed, or on an attachment with an address.

SIGNATURE: Lise L Hudson PRES 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Date
LISE L HUDSON

0276043 CP