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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000014406 (0)

THE LAW OFFICES OF LISE HUDSON, P.A.

Principal Place of Business

415 5TH ST

Mailing Address

415 5TH ST

FILED Apr 15 1998 8:00am Secretary of State



WEST PALM BEACH FL 33401	I WEST PALM I Us	BEACH FL 33401		DO NOT WRIT	TE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/22/1994	1	
2. Principal Place of Business			i i	4, FEI Number		Applied For
21 BBH Datur	a Df. 26 204	Datur	a Street	65-0476848		Not Applicable
Suite, Apt. #, etc. 22 /300	Suite, Apt. 13.00	#, etc.		5. Certificate of Status Desired		5 Additional Required
City & State 23 West Palm	Beuch 7/ 28 Wist	// /	Beach, 7	6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24 33461 25	Country Ralm Bead 29 77 3	3401 30	Country P.B.	This corporation owes or has personal Property Tax due Jur		Intangible No
	d Address of Current Registered Agent			10, Name and Address of New F	tegistered Agent	
hudson, lise i	-		81 Name			i
415 5TH ST West Palm be/	ACH FL 33401		82 Street / 2.7.	Address (P.Q. Box Number is Not Accept 4. Batura Street	able)	
			" Qu	H 1300		
			84 City	est Palm Beach		346 /
 Pursuant to the provisions office or registered agent agent. I am familiar with. 	s of Sections 607.0502 and 607.1508, Flo , or both, in the State of Florida. Such cha and accept the obligations of, Section 60	rida Statutes, th ange was author 7.0505, Florida	e above-named rized by the corp Statutes.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment	as registered
SIGNATURE Signature, lyped or p	unted name of registered agent and time if applicable	LISE (NOTE Regis	Slered Agent aignature	1 - President required when reinslating)	1/15/9 DATE	8
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE D		DELETE 1).1 TITLE		Chang	je 🔲 Addition
NAME HUDSON-L		1	.2 NAME			Į.
STREET ADDRESS 174 BENTE		1	I.3 STREET ADDRESS			
CITY-ST-ZIP PALM BEA	CH GARDENS FL	1	I.4 CITY-ST-ZIP			
TITLE	!	DELETE 2	? 1 TITLE		☐ Chang	e 🔲 Addition
NAME		2	2.2 NAME			İ
STREET ADDRESS		2	3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE	البا	DELETE 3	9.1 TITLE	•	Chang	ge 🔲 Addition
NAME		3	3.2 NAME			
STREET ADDRESS		3	0.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	L] :	DELETE 4	I.1 TITLE		☐ Chang	e 🔲 Addition
NAME] 4	I. 2 NAME			}
STREET ADDRESS		4	1.3 STREET ADDRESS			
CITY-ST-ZIP			I.4 CITY-ST-ZIP			· <u></u>
TITLE		DELETE 5	5.1 TITLE		L Chang	je 🛄 Addition
NAME		5	i.2 NAME			
STREET ADDRESS		5	i.3 STREE1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE			S.1 TITLE		☐ Chang	e 🗌 Addition
NAME		6	32 NAME			
STREET ADDRESS		6	33 STREET ADDRESS			
CITY-ST-ZIP		6	A 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.

and distribution of the same o