Mar 24, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400060211

LAW	YERS REALTY GROUP, INC.							(1881 MB) 1881
İ								
Principal	Place of Business	Mailing Address					AICH ABHA CERNI	11861 (18) (80)
2500 NOR	TH MILITARY TRAIL	2500 N. MILITARY TRAIL						
SUITE 10		SUITE 102 BOCA RATON FL 33431				DO NOT WRITE IN THIS	SPACE	
BOCA RA	TON FL 33431 BOCA RATON FL 33431 US					3. Date Incorporated or Qualifed	701700	
		00				08/16/1994		
2. Princi	pal Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	26					65-0550669	No	t Applicable
Suite	Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22	27						Fee Re	
	State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	, ,
Zip				,		This corporation owes the current year In		01003
24	25 29 30					Personal Property Tax.	☐Yes	□No
24	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
	RUDD, JAMES D				lame			
					Street Addres	ss (P.O. Box Number is Not Acceptable)		
	2500 N. MILITARY TRAIL BOCA RATON FL 33431			┢				
	DOCK TATOR 12 30401		83	1				
			84	0	City	FI	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					amed corpor	ration submits this statement for the purpose of	f changing its	registered
	e or registered agent, or both, in the State of ht. I am familiar with, and accept the obligat	it Florida. Such channe was aut	nonzea DV	THA	corporation	's board of directors. I hereby accept the appo	intment as re	gistered
SIGNAT	1							
SIGNAT	Signature, typed or printed name of registered agent			nt sig	nature required v	when reinstating) DATE	UD DIDEOTI	DO 101 40
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTC	Addition
TITLE	PDST RUDD, JAMES D.		1.2 NAME					
NAME	ACOO NI MILITADY #400		1.3 STREE		UDE66			
STREET AD	DOCA DATON FI		1.4 CITY-S		- (
CITY-ST-ZI	DOCATIATOR TE	☐ DELETE 2:			" 		Change	☐ Addition
NAME		22 N						
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CITY-ST-ZII	! ?		2. 4 CITY-5	ST-Z	JP			□ Additon
TITLE		☐ DELETE	3.1 TITLE			•	☐ Change	Addition \
NAME	i		3.2 NAME					
STREET AD	DRESS		3.3 STREE		1			
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NAME STREET AD	npess .		4.3 STREE		DRESS			ļ
CITY-ST-ZI	'		4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	:		5.2 NAME					
STREET AD	DRESS	•	5.3 STREE	TAD	DRESS			
C/TY-ST-ZI	P.	<u> </u>	5.4 CITY-S	ST-ZI	IP			
	·	רו מבו בדב	61 TITLE		ı		☐ Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with less 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 conformation of the report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if ch

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS