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

FILED
95 FEB -2 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001400611
-02/08/95--01086--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000063563 (8)

1. Corporation Name
LANDISBURG LAW CENTER, INC.

Principal Place of Business
13899 BISCAYNE BLVD.
SUITE 28
NORTH MIAMI BEACH FL 33181

Mailing Address
13899 BISCAYNE BLVD.
SUITE 28
NORTH MIAMI BEACH FL 33181

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 650514754 — 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
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
31 Name: Rozalyn Landisburg
32 Street Address (P.O. Box Number is Not Acceptable): 3405 Ha. Long Fellow Circle
33
34 City: Hollywood, Fl — FL — 35 Zip Code: 33021

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when name/address changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANDISBURG, ROZALYN
STREET ADDRESS	13899 BISCAYNE BLVD., ~~STE. 28~~
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		KC

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100776 CP