

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026429 (7)

1. Corporation Name
GARY J. YUDEWITZ, P.A.

Principal Place of Business
1876 N. UNIVERSITY DR., SUITE 308-G
PLANTATION FL 33322

Mailing Address
1876 N. UNIVERSITY DR., SUITE 308-G
PLANTATION FL 33322-4100



3. Date Incorporated or Qualified 03/30/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1500 N.W. 49th St
Suite, Apt. #, etc.
22 SUITE 500
City & State
23 FORT LAUDERDALE, FL
Zip
24 33309
Country
25
2a. Mailing Address
26 1500 N.W. 49th St.
Suite, Apt. #, etc.
27 SUITE 500
City & State
28 FORT LAUDERDALE, FL
Zip
29 33309
Country
30

4. FEI Number 65-0563880
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

YUDEWITZ, GARY J
1876 N. UNIVERSITY DR., SUITE 308-G
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1500 N.W. 49th St
84 City
85 FORT LAUDERDALE FL
86 Zip Code
87 33309

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 *Gary J. Yudewitz* GARY J. YUDEWITZ 4/30/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> DELETE
NAME	YUDEWITZ, GARY J	
STREET ADDRESS	1876 N. UNIVERSITY DR., SUITE 308-G	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YUDEWITZ, GARY J	
STREET ADDRESS	1876 N. UNIVERSITY DR., SUITE 308-G	
CITY - ST - ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Gary J. Yudewitz* GARY J. YUDEWITZ President 954/776-4949

CR2E034 (9/96)