FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 JUN -6 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058399 (3)

1. Corporation Name

LOROW, CLAY & ~~ACCOUNTING~~, P.A.
COMPANY

Principal Place of Business	Mailing Address
15485 EAGLE NEST LANE, SUITE 210 MIAMI FL 33014	15485 EAGLE NEST LANE, SUITE 210 MIAMI FL 33014

3. Date Incorporated or Qualified: 07/28/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0598319 ☐ 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**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: JUDY CLAY
82 Street Address (P.O. Box Number is Not Acceptable): 15485 Eagle Nest Lane, # 210
83 ~~Miami Lakes~~,
84 City: MIAMI Lakes, FL 85 Zip Code 33014

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: JUDY CLAY [signature] 4/29/96

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	PD	☐ DELETE
NAME	LOROW, NAT	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 210	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	SD	☐ DELETE
NAME	CLAY, JUDY	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 210	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	TD	☒ DELETE
NAME	LONGMAN, THOMAS	
STREET ADDRESS	15485 EAGLE NEST LANE, SUITE 210	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	400001861584	
1.3 STREET ADDRESS	-06/13/96--01062--017	
1.4 CITY-ST-ZIP	****200.00 ****200.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Chris B. Jordan	
4.3 STREET ADDRESS	15485 Eagle Nest Lane, #210	
4.4 CITY-ST-ZIP	Miami, FL. 33014	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] NAT LOROW, JR. 4/29/96 305-820-5211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)