

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

FILED

Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000058399 (3)

1. Corporation Name

LOROW, CLAY & COMPANY, P.A.

Lorow, O'Connor & Company, P.A.

NC
5/28/97

Principal Place of Business

45405 EAGLE NEST LANE, SUITE 210
MIAMI FL 33014

Mailing Address

15495 EAGLE NEST LANE, SUITE 210
MIAMI FL 33014-3222



3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report
05/06/1996

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

2. Principal Place of Business

21 15495 Eagle Nest Lane

22 Suite, Apt. #, etc.
100

23 City & State
Miami FL

24 Zip
33014

Country

2a. Mailing Address

26 15495 Eagle Nest Lane

27 Suite, Apt. #, etc.
100

28 City & State
Miami, FL

29 Zip
33014

Country

9. Name and Address of Current Registered Agent

CLAY, JUDY
15495 EAGLE NEST LANE, SUITE 210
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name
O'Connor, Judy
82 Street Address (P.O. Box Number is Not Acceptable)
15495 Eagle Nest Lane #100
83
84 City
Miami 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Judy O'Connor
5/29/97

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE
NAME PD LOROW, NAT
STREET ADDRESS 15495 EAGLE NEST LANE, SUITE 210
CITY-ST-ZIP MIAMI FL 33014

☐ DELETE

TITLE SD
NAME CLAY, JUDY
STREET ADDRESS 15495 EAGLE NEST LANE, SUITE 210
CITY-ST-ZIP MIAMI FL 33014

☒ DELETE

TITLE D
NAME JORDAN, CHRIS B
STREET ADDRESS 15495 EAGLE NEST LANE, SUITE 210
CITY-ST-ZIP MIAMI FL 33014

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 15495 Eagle Nest Lane #100
1.4 CITY-ST-ZIP Miami, FL 33014

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME O'Connor, Judy
2.3 STREET ADDRESS 15495 Eagle Nest Lane #100
2.4 CITY-ST-ZIP Miami, FL 33014

☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 15495 Eagle Nest Lane #100
3.4 CITY-ST-ZIP Miami, FL 33014

☒ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 700002209227
5.4 CITY-ST-ZIP -06/11/97--01103--022
***165.00

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Judy O'Connor
5/29/97

CR2E034 (9/96)

CS
6/4/97