


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

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Mar 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000058399

1. Corporation Name
LOROW, O'CONNOR & COMPANY, P.A.

Principal Place of Business
15495 EAGLE NEST LANE, SUITE 100
MIAMI FL 33014

Mailing Address
15495 EAGLE NEST LANE, SUITE 100
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/28/1995		4. FEI Number 65-0598319		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent O'CONNOR, JUDY 15495 EAGLE NEST LANE, SUITE 100 MIAMI FL 33014	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		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 reinstalling)		DATE		12. OFFICERS AND DIRECTORS	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOROW, NAT 15495 EAGLE NEST LANE, SUITE 100 MIAMI FL 33014	1.1 TITLE	Change Addition
NAME	SD O'CONNOR, JUDY 15495 EAGLE NEST LANE, SUITE 100 MIAMI FL 33014	1.2 NAME	Change Addition
STREET ADDRESS	D JORDAN, CHRIS B 15495 EAGLE NEST LANE, SUITE 100 MIAMI FL 33014	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Change Addition
		2.1 TITLE	Change Addition
		2.2 NAME	Change Addition
		2.3 STREET ADDRESS	Change Addition
		2.4 CITY-ST-ZIP	Change Addition
		3.1 TITLE	Change Addition
		3.2 NAME	Change Addition
		3.3 STREET ADDRESS	Change Addition
		3.4 CITY-ST-ZIP	Change Addition
		4.1 TITLE	Change Addition
		4.2 NAME	Change Addition
		4.3 STREET ADDRESS	Change Addition
		4.4 CITY-ST-ZIP	Change Addition
		5.1 TITLE	Change Addition
		5.2 NAME	Change Addition
		5.3 STREET ADDRESS	Change Addition
		5.4 CITY-ST-ZIP	Change Addition
		6.1 TITLE	Change Addition
		6.2 NAME	Change Addition
		6.3 STREET ADDRESS	Change Addition
		6.4 CITY-ST-ZIP	Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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