TÉR MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077294 (2)

JUDITH H. LAW, P.A.

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



10113 WHIPPOORHILL LANE #1504 JACKBONVILLE FL 82256			10113 WHIPPOORHILL LANE #1504 JACKSONVILLE FL 32256-7176					
						3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last	Report
2. Principal Pi	ace of Business	2a. Mailing /	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			59-341066	5 /-	lot Applicable
Sulte, Apt. #, etc.		h1	Suite, Apt. #, etc.			5. Certificate of Status Desired	. SR 75 Additional	
City & State	9	City & St	iate			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip		Country		8. This corporation has fiability for intangible tax under s. 199.032,		
24	25	29		30		110.000 01010100	Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agr	ent			10. Name and Address of New Re	gistered Agent	
	BTREE, R.R.			8	1 Name			
	5 DIX ELLIS TRAIL			8	2 Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
	TE 401		•					
JAC	KSONVILLE FL 32256			8	3			
				8	4 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida. Such i	change was a	wthorized I	by the corpor	rporation submits this statement for the patients board of directors. I hereby accept	urnoen of changing	its registered s registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE	- flegisterce A	oent sociature req	uired when reinstaling)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	D		DELETE	1.3 1ITLE			Change	Addition
NAME	LAW, JUDITH H			1.2 NAM				
STREET ADDRESS	10113 WHIPPOORHILL LAN	E #1504		1 3 S1RE	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32258			1.4 CITY	-ST-7IP			
TITLE			DELETÉ	2.1 THUE			☐ Change	Addition
NAME				2 2 NAM				
STREET ADDRESS				2.3 STRE	E1 ADDRESS			
CITY-ST-ZIP				2. 4 CITY	-ST-7IP		• •	
TITLE		I	DELETE	3.1 TOTAL			☐ Change	Addition
NAME				3.2 NAM	t l			
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY-ST-ZIP				3.4. CITY	- \$1 - 7IP			
TITLE			DELETE	4.1 TITLE			Change	- Addition
NAME				4. 2 NAM	1F			
STREET ADDRESS				4.3 STRE	() ADDRESS			
CITY-ST-ZIP				4.4 C(1)	- S1 - 2/P			
TITLE		Ţ	DELETE	5.1 1111.0			Change	Addition
NAME		•		5.2 NAM	E			
STREET ADDRESS				5 3 S I R E	ET ADDRÉSS			
CITY-ST-ZIP				5 4 CITY				
TITLE			DELETE	61 1IIL			☐ Change	Addition
NAME				62 NAM	f I			
STREET ADDRESS					EL ADDRES\$			
CITY-ST-ZIP					· \$1 · ZiP			
VIII-31-711	L <u></u>			04 0111	VI '4"	1. 6 . 446.67/03/5 61- 37- 61-14		

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name I am an officer or director of the corpe appears in Block 12 or Block 13 if ch