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

PROFIT CORPORATION ANNUAL REPORT

1998



I LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077294 (2)

JUDITH H. LAW, P.A.

Principal Place of Business Mailing Address				e indicade sin sauch Billi danse passe dater barre enter sobie sauk sore, orde 3000
10113 WHIPPOORHILL LANE #1504 JACKSONVILLE FL 32256		10113 WHIPPOORHILL JACKSONVILLE FL 322:		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 09/17/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-34 10664 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	6	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🔲 No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
	ABTREE, R.R.		81 Name	
8375 DIX ELLIS TRAIL SUITE 401		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32256		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 a	m lamiliar with, and accept the obl	ligations of, Section 607.0505, F	Florida Statutes.	, , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature typod or printed name of registered :	o not said the discrete Ma	D1E: Rog stered Agent signature	required whon reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAW, JUDITH H		1.2 NAME	
STREET ADDRESS 10113 WHIPPOORHILL LANE #1504		E #1504	1.3 STREET ADDRESS	
CITY+ST-ZIP	JACKSONVILLE FL 32258		1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	· 	DELETE	2 4 CITY - ST - 7:P 3.1 TITLE	☐ Change ☐ Addition
NAME		Dittil	3.1 III.E	Change 2 Abouton
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-\$T-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY+ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Change Classic
TITLE		☐ otrest	61 TITLE	L. Change . Addition
NAME STREET ADDOCSS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 changes, or of an attachment with an address.

4/19/90

FILED

Apr 24 1998 8:00am

Secretary of State