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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 21 1998 8:00am
Secretary of State

DOCUMENT # P97000028255 (2)

1. Corporation Name

LAWRENCE K. JUDD, P.A.

Principal Place of Business

1041 SE 17TH ST
FT LAUDERDALE FL 33316

Mailing Address

1041 SE 17TH ST
FT LAUDERDALE FL 33316

2. Principal Place of Business

21 901 S.E. 17th Street

Suite, Apt. #, etc.

22 Suite 206

City & State

23 Ft. Lauderdale, FL 33316

Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

JUDD, LAWRENCE K
1041 SE 17TH ST
FT LAUDERDALE FL 33316

2a. Mailing Address

26 901 S.E. 17th Street

Suite, Apt. #, etc.

27 Suite 206

City & State

28 Ft. Lauderdale, FL 33316

Zip

Country

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

901 S.E. 17th Street

83

Suite 206

84

Ft. Lauderdale

FL

85

Zip Code

33316

11. Pursuant to the provisions of Sections 607.05(2) 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 date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME Lawrence K. Judd

STREET ADDRESS 901 S.E. 17th Street, Suite 206

CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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.

SIGNATURE:

Lawrence K. Judd

04/11/98

(954) 525-3300

CR2E034 (10/97)