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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000026438**1. Corporation Name

LAW TEK INC

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90063 041 ***150.00

LAW IL	Λ, 1140.									
Principal Plac	e of Business	Mailing Address		-	-			1010 E111) 01000 I	1191 1811 1961	
319 CLEMATIS		319 CLEMATIS STREET								
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 334			33401							
						DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed 03/20/1998	_			
2. Principal P	face of Business	2a. Mailing Address			***	4. FEI Number		App	lied For	
21	•	26				1 65-0821047	1	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					 	\$8.75 Ac	ditional	
22		27				5. Certificate of Status Desired		Fee Req	uired	
City & Star	te ·	City & State			•	6. Election Campaign Financing	7	\$5.00 N	/lay Be	
23	•	28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current	t year Inta	angible		
24	25	29	30			Personal Property Tax.		☐ Yes [□No	
	9. Name and Address of Curre	ent Registered Agent		Ľ,		10. Name and Address of New Reg	istered /	Agent		
				81	Name				1	
	PORATION SERVICE COMPAN	γ		82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)			
1201 HAYS STREET				02	Olicorrida	iss (F.O. DOX Number is Not recognisis)				
TALI	LAHASSEE FL 32301-2525			83						
						· · · · · · · · · · · · · · · · · · ·		85 Zip Ci		
				84	City		FL	85 Zip Ci	Jue	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	bove	e-named corp	oration submits this statement for the pu	rpose of	changing its r	egistered	
office or o	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized	d bv	the corporation	on's board of directors. I hereby accept t	he appoir	ntment as reg	istered	
agent. 1 a	im familiar with, and accept the oblig	pations of, Section 607.0505, r	Torida Stat	uics	•]	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registered	Agen	t signature require	d when reinstating)	DATE			2
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	RS IN 12	č
TITLE	D	☐ DELET E		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				☐ Change	☐ Addition	-
NAME	MIRSKY, MICHAEL									3
STREET ADORESS	TARE AGGOT BENED		1.3 S							Ċ
CITY-ST-ZIP	BOCA RATON FL 33496				T-ZIP				. [Š
TITLE		DELETE	2.1 Ti					Change	☐ Addition	7
NAME		•	2.2 NAMI							
STREET ADORESS				2.3 STREET ADDRESS				•	ļ	
				CITY-S	1				i	
CITY-ST-ZIP		DELETE	3.1 TI		31-ZIF		_	Change	Addition	
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NAME				AME						
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CITY-ST-ZIP			3.3 \$	TREET	T ADORESS	·				
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		DELETE	3.3 S 3.4. C 4.1 T	TREET CITY-S ITLE	•		. "	☐ Change	☐ Addition	
NAME		☐ DELETE	3.3 S 3.4. C 4.1 Tl 4. 2 N	TREET CITY-S ITLE LAME	ST-ZIP			Change	☐ Addition	
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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, with all other like empowered.

SIGNATURE: _