

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 MAY - 1 11 5 07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION:
 ANNUAL REPORT
 1995

FLORIDA DEPARTMENT OF STATE
 Lucinda B. Workman
 Secretary of State
 1111 W. WASHINGTON ST., TALLAHASSEE, FL 32304



DOCUMENT # **S00111** (2)
 1. Corporation Name:
2701, INC.

Principal Office Address: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431**
 Mailing Address: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431**

2. Principal Place of Business: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431**
 2a. Mailing Address: **2295 CORPORATE BLVD. N.W. SUITE 222 BOCA RATON FL 33431**
 22. State: **FL**
 27. State: **FL**
 23. City: **BOCA RATON**
 28. City: **BOCA RATON**
 24. County: **DADE**
 25. County: **DADE**
 29. County: **DADE**
 30. County: **DADE**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1990**
 3a. Date of Last Report: **05/01/1994**
 4. PFI Number: **65-0215043**
 Applied For: Applied For Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
HERRICK, NORTON
2295 CORPORATE BOULEVARD, N.W.
SUITE 222
BOCA RATON 33431

10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 199.031 and 199.032, 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 responsibilities of a registered agent. Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD HERRICK, NORTON STREET ADDRESS: 2295 CORPORATE BLVD, NW BOCA RATON FL CITY, ST, ZIP:		13.1 NAME: PD/S STREET ADDRESS: CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: V HERRICK, HOWARD STREET ADDRESS: 2295 CORPORATE BLVD, NW BOCA RATON FL CITY, ST, ZIP:		13.2 NAME: VID/S STREET ADDRESS: CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: S HERRICK, MICHAEL STREET ADDRESS: 2295 CORPORATE BLVD, NW BOCA RATON FL CITY, ST, ZIP:		13.3 NAME: V/S/S STREET ADDRESS: CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: T HERRICK, EVAN STREET ADDRESS: 2295 CORPORATE BLVD, NW BOCA RATON FL CITY, ST, ZIP:		13.4 NAME: V/S/T STREET ADDRESS: CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: STREET ADDRESS: CITY, ST, ZIP:		13.5 NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: STREET ADDRESS: CITY, ST, ZIP:		13.6 NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished herein is true and correct and that I am familiar with and accept the responsibilities of a registered agent. Florida Statutes. I further certify that the information made available to the public is true and correct 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report in accordance with an address.

SIGNATURE:  **Howard Herrick VP** 4/28/95 4072417880
 PRINT THE FULL TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR