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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V34392 1. Corporation Name

LAW & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address			ļ	* I G II			
1650 ACME ST	•	1650 ACME ST			-				
ORLANDO FL 32805		ORLANDO FL 32805				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			
ļ					ļ	05/04/1992			
		D. Mailine Address				4. FEI Number		Applied For	
2. Principal Place of Business		2a. Mailing Address			59-3122343		Not Applicable		
21		26 Suite Ant # etc				39-3122343		Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Required	
22		City & State				a Si ii a anin Sinnin			
City & State						6. Election Campaign Financing Trust Fund Contribution		O May Be	
Zip Country		Zip Country			-			<u> </u>	
Zip				ı y		This corporation owes the current year Personal Property Tax.	ar mangible ☐ Yes	□No	
24	25		101			10. Name and Address of New Registe			
9. Name and Address of Current Registered Agent				1 Nam		to. Haine and Address of Now Registe	nou rigoria		
IAW	ANGIE			110					
	LANCEWOOD ST			2 Stre	et Address	ress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32817				3					
) OND	NDO 1 L 32017		- 1'	3					
			1	4 City			85 Zi	p Code	
						FL C			
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								registered registered	
agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATINE									
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered A	gent signati.	ure required wh	herr reinstating) DA1			
12.	OFFICERS AN		13.		· · · · ·	ADDITIONS/CHANGES TO OFFICER			
TITLE	PD	DELETE 1.1 TI		•			Chang	e Addition	
NAME	LAW, DONALD S.	1.2 N		E					
STREET ADDRESS	9904 LANCEWOOD ST	LANCEWOOD ST 1.3 s		ET ADDRE	SS				
CITY-ST-ZIP			1.4 C/TY	-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITL	=	S/T	'/D	X Chang	ge 🗌 Addition	
NAME	LAW, ANGIE		2.2 NA		Law	, Angie			
STREET ADDRESS	9904 LANCEWOOD ST	238		EET ADDRE		4 Lancewood St		,	
CITY-ST-ZIP	ORLANDO FL	was a second of the	- '2.4 CIT	-ST-ZIP	- Orl	ando, FL			
TITLE		☐ DELETÉ 3.1 T					Chang	je 🔲 Addition	
NAME			3.2 NAM	Ε					
STREET ADDRESS			3.3 STR	ET ADDRE	SS				
CITY-ST-ZIP			3.4. CIT	-ST-ZIP	1				
TITLE		☐ DELETE	4.1 TITL				Chang	je 🔲 Addition	
NAME			4.2 NA	Œ	-				
STREET ADDRESS				ET ADDRÉ	:00				
1				-ST-ZIP	-50				
CITY-ST-ZIP		☐ DELETE	5.1 TITL		-		Chang	e Addition	
			5.1 MAN		ł			_	
NAME				- EET ADDRE	-ss				
STREET ADDRESS				-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITL			· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition	
TITLE		☐ ∩ETEIE	6.2 NAN					,	
NAME :	•		UZ NAN	_	1				

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

407-246-1880

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90204 002 ***150.00