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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3: 05

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # 541464 (4)

1. Corporation Name

LAWRENCE D. SHARE COMPANY, INC.

Principal Place of Business

1200 S PINE ISLAND RD
 S400
 PLANTATION FL 33324
 US

Mailing Address

1200 S PINE ISLAND RD
 S400
 PLANTATION FL 33324
 US

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/22/1977 | 3a. Date of Last Report 03/04/1994 |
| 4. FEI Number 59-1758966 | Applied For Not Applicable |
| 5. Certificate of Status Deposit <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Commission Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.02, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 State, Apt. #, etc.
 22 City & State
 24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.
 27 City & State
 29 Zip Country

9. Name and Address of Current Registered Agent

SHARE, LAWRENCE
1200 S. PINE ISLAND ROAD, #400
PLANTATION FL 33324

10. Name and Address of Now Registered Agent

81 Name
 82 Street Address (P.O. Box Numbers Not Acceptable)
 83
 84 City **FL** 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | |
|--|--|
| 1. TITLE PD | 2. NAME SHARE, LAWRENCE |
| 3. STREET ADDRESS 1200 S PINE ISLAND RD S400 | 4. CITY, ST, ZIP PLANTATION FL |
| 5. TITLE | 6. NAME |
| 7. STREET ADDRESS | 8. CITY, ST, ZIP |
| 9. TITLE | 10. NAME |
| 11. STREET ADDRESS | 12. CITY, ST, ZIP |
| 13. TITLE | 14. NAME |
| 15. STREET ADDRESS | 16. CITY, ST, ZIP |
| 17. TITLE | 18. NAME |
| 19. STREET ADDRESS | 20. CITY, ST, ZIP |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, TO BE LISTED

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | |

14. I, the undersigned, certify that the information required on this filing is voluntarily furnished, and does not comply with the provisions of the declaration of the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate, and that the signatories submit the same as specified in the statute. I am an officer or director of the corporation or the person or persons who prepared this report as required by the Florida Statutes, and that my name appears on Block 12 or Block 14, except, or on an attachment, with an address.

SIGNATURE: *Lawrence Share Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence Share, President/Director

✓ 2/19/95 305-473-5016