

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

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB - 1 AM 10: 37

DOCUMENT # **K28756** (0)  
1. Corporation Name  
**LAWSON & CO., INC.**

Principal Place of Business Mailing Address  
**% WILLIAM LAWSON** **% WILLIAM LAWSON**  
**5060 S. FLAMINGO ROAD** **5860 S. FLAMINGO ROAD**  
**COOPER CITY FL 33330** **COOPER CITY FL 33330**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 27  
23 28  
24 29 25 30

3. Date Incorporated or Qualified **07/19/1988** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **65-0132423** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LAWSON DANIEL**  
**5860 S FLAMINGO RD**  
**COOPER CITY FL 33330**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWSON, WILLIAM
STREET ADDRESS	929 N 31ST ROAD
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD
NAME	PARISI, RAYMOND
STREET ADDRESS	2637 ISLAND DR
CITY-ST-ZIP	MIRAMAR FL
TITLE	TD
NAME	PEREZ, MIGUEL
STREET ADDRESS	6223 SW 128TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	LAWSON, DANIEL E.
STREET ADDRESS	1415 NW 126TH LANE
CITY-ST-ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard J. Lawson	
1.3 STREET ADDRESS	1415 N.W. 126TH LANE	
1.4 CITY-ST-ZIP	SUNRISE FL 33323	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information is correct on the 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, or on an attachment to this address.

SIGNATURE: Daniel E. Lawson v.p. 1/25/95 305 680-3403  
DATE: \_\_\_\_\_