

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K28756** (0)

1. Corporation Name  
**LAWSON & CO., INC.**



Principal Place of Business

% WILLIAM LAWSON  
5860 S. FLAMINGO ROAD  
COOPER CITY FL 33330

Mailing Address

% WILLIAM LAWSON  
5860 S. FLAMINGO ROAD  
COOPER CITY FL 33330

2. Principal Place of Business		2a. Mailing Address	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

g. Name and Address of Current Registered Agent

LAWSON DANIEL  
5860 S FLAMINGO RD  
COOPER CITY FL 33330

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	Zip Code	FL

3. Date Incorporated or Qualified	3a. Date of Last Report
07/19/1988	02/01/1995
4. FEI Number	Applied For
65-0132423	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature typed or printed name of signing officer or director

DATE

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, RICHARD J	1.2 NAME	
STREET ADDRESS	1415 N.W. 126TH LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, RAYMOND	2.2 NAME	
STREET ADDRESS	2637 ISLAND DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIRAMAR FL	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MIGUEL	3.2 NAME	
STREET ADDRESS	6223 SW 128TH PLACE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, DANIEL E.	4.2 NAME	
STREET ADDRESS	1415 NW 126TH LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(b), 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Lawson VP/Pres 4/4/96 (454) 650-8405

CR2E034 (12/95)