

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

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97 JUL 15 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000005416
1. Corporation Name
Lauren Anderson Associates Inc.

Principal Place of Business Mailing Address
2455 E. Sunrise Blvd
suite 811
FT. Lauderdale, FL 33304

2. Principal Place of Business 2a. Mailing Address
21 same as above 26 same as above
22 811 27
23 FT. Lauderdale, FL 28 Florida
24 33304 25 USA 29 33304 30 USA

3. Date Incorporated or Qualified 19-1993 3a. Date of Last Report 1/2/96
4. FEI Number P93000005416
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
same as above

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 607.1406, 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 _____ (NOTE: Registered Agent's signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Owner	<input type="checkbox"/> DELETE
NAME	Lauren Anderson	
STREET ADDRESS	same as above	
CITY - ST - ZIP		
TITLE	President	<input type="checkbox"/> DELETE
NAME	Scott E. Penley	
STREET ADDRESS	same as above	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	300002243053--9
23 STREET ADDRESS	-07/21/97--01103--001
24 CITY - ST - ZIP	***165.00 ***165.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

NO change
same as always

14. I do 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.

SIGNATURE: _____ DATE: 7/10/97 TIME: 954-5661931

CR2E034 (9/96)