

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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90035 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000037320**

1. Corporation Name  
**LAUREN & ASSOCIATES, INC.**

Principal Place of Business 3710 NE 71 STREET COCONUT CREEK FL 33073	Mailing Address 3710 NE 71 STREET COCONUT CREEK FL 33073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1070 N.W. 1 <sup>st</sup> Ave. Suite, Apt. #, etc. 22 Suite A City & State 23 Boca Raton, FL Zip 24 33432 25 USA	2a. Mailing Address 26 1070 N.W. 1 <sup>st</sup> Ave. Suite, Apt. #, etc. 27 Suite A City & State 28 Boca Raton, FL Zip 29 33432 30 USA
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3. Date Incorporated or Qualified 04/23/1998	4. FEI Number 65-0837361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WALCZAK, JOYCE  
 4400 W SAMPLE ROAD STE 128  
 COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name Walczak, Joyce
82 Street Address (P.O. Box Number is Not Acceptable) 1353 S. Military Trail
83
84 City Deerfield Bch. FL 85 Zip Code 33442

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 D	NAME LUXON, ELIZABETH	STREET ADDRESS 3710 NE 71 STREET	CITY-ST-ZIP COCONUT CREEK FL 33073	<input type="checkbox"/> DELETE
TITLE D	NAME BUTERA, PHILIP M	STREET ADDRESS 9355 SW 8 ST #321	CITY-ST-ZIP BOCA RATON FL 33428	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME Luxon, Elizabeth	1.3 STREET ADDRESS 3710 NW 71 Street	1.4 CITY-ST-ZIP Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE VP	2.2 NAME Butera, Philip	2.3 STREET ADDRESS 9355 SW 8 Street #321	2.4 CITY-ST-ZIP Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE ST	3.2 NAME Roberts, Susan	3.3 STREET ADDRESS 1117 E. River Drive	3.4 CITY-ST-ZIP Margate, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: [Signature] DATE: 1/12/99 DAYTIME PHONE #: 561 416-9114

CR2E034 (1/98)