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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19374

appears in Block 12 or Block 13 if changed

SIGNATURE:

(3)

LAWSON REALTY, INC.

Principa: Place of Business Mailing Address 8160 NW 93RD STREET 8160 NW 93RD STREET MEDLEY FL 33168-2030 MEDLEY FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 03/29/1988 04/02/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0043307 Not Applicable 21 26 Suite Apr. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗀 No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LAWSON, JOHN E SR 8160 N.W. 93 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MEDLEY FL 33168 83 84 City 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. Segretary style alon pointed noine of negistered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition THILE 1.1 TITLE LAWSON, JOHN JOHN LAWSON 1.2 NAME NºM: 8160 NW 93RD STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP C-TY-51 ZiF DST_ DELETE Change Addition 117 LE 2.1 TITLE LAWSON, DANIEL 2.2 NAME NAME 8160-NW-93RD-STREET 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2. 4 CITY-ST-ZIP O(FY - S) 71 DELETE Change Addition 3.1 TITLE 11111 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C-11-51-74 ☐ DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREE! ADDRESS 4.4 CITY-ST-ZIP CIT+ S*- 7i2 Change Addition DELETE 51 TITLE THUE 5.2 NAME MAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY-ST-ZIP O11-ST- 2IP ___ Addition DELETE 61 TITLE THUE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADURESS 6.4 CITY - \$T - ZIP COTY ST 2IP 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), Fiorida Statutes. Unriher certify that the

Intermation 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