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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 464327 (6)

1. Corporation Name
LAUREL CENTER MANAGEMENT CO.



Principal Place of Business Mailing Address
12995 S CLEVELAND AVE
STE 221
FT MYERS FL 33907
US
12995 S CLEVELAND AVE
STE 221
FT MYERS FL 33907-3808
US

3. Date Incorporated or Qualified 11/01/1974
3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 219 27 219
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country
2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 219 27 219
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-1554608
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

10. Name and Address of New Registered Agent

LEFFINGWELL, THOMAS W.
12995 S. CLEVELAND AVE., SUITE 221
FT. MYERS FL 33907

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12995 S. CLEVELAND AVE., SUITE 219
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 of person who prepared this report or registered agent (if not different, applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME LOWELL, HARRY
1.3 STREET ADDRESS 12995 S. CLEVELAND AVE., SUITE 221
1.4 CITY- ST- ZIP FT. MYERS FL
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 included 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: [Signature] DATE: 20 May 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)