FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **488504** **(2)**

1. Corporation Name
THE LADIES CENTER AUSTIN, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD. NORTH MIAMI FL 33181	12550 BISCAYNE BLVD. NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3911 MEDICAL ARTS ST.	26 12000 BISCAYNE BLVD.
Suite, Apt. #, etc. 22 # 13	Suite, Apt. #, etc. 27 # 705
City & State 23 AUSTIN TEXAS	City & State 28 NO. MIAMI FL.
Zip / Country 24 33181 / 25	Zip / Country 29 33181 / 30

3. Date Incorporated or Qualified: **10/28/1975**
3a. Date of Last Report: **08/09/1994**

4. FEI Number: **59-1629172** ☐ 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
LEIGHT, PAUL 12550 BISCAYNE BLVD. NORTH MIAMI FL	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 607.1508, 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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LEIGHT, PAUL	12 NAME	
STREET ADDRESS	1360 97TH ST BAY HARBOR	13 STREET ADDRESS	12000 BISCAYNE BLVD.
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	NO. MIAMI FL. 33181
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	LEIGHT, LYNN	22 NAME	
STREET ADDRESS	1360 97 ST BAY HARBOR IS	23 STREET ADDRESS	12000 BISCAYNE BLVD.
CITY ST ZIP	MIAMI BEACH FL	24 CITY ST ZIP	NO. MIAMI FL. 33181
TITLE	T	31 TITLE	☒ Change ☐ Addition
NAME	LEIGHT, LYNN	32 NAME	
STREET ADDRESS	1360 97 ST BAY HARBOR IS	33 STREET ADDRESS	12000 BISCAYNE BLVD.
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP	NO. MIAMI FL. 33181
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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: Paul Leight PAUL J. LEIGHT 4/26/95 305-891-3895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190347 CR