FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 488504

1. Corporation Name

THE LADIES CENTER AUSTIN, INC.

Principal Place of Business	Mailing Address
8401North IH 35 #200 Austin, TX 78753	12000 Biscayne Blvd. #705 North Miami, FL 33181

3. Date Incorporated or Qualified: 10/28/75
3a. Date of Last Report: 5/1/95

2. Principal Place of Business
21 8401 North IH 35
Suite, Apt. #, etc.
22 #200
City & State
23 Austin, TX
Zip 24 78753 Country 25

2a. Mailing Address
26 12000 Biscayne Blvd.
Suite, Apt. #, etc.
27 #705
City & State
28 North Miami, FL
Zip 29 33181 Country 30

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

LEIGHT, PAUL
12000 Biscayne Boulevard #705
North Miami, FL 33181

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LEIGHT, PAUL 1360 97th St. Bay Harbor Isl. Miami Beach, FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition LEIGHT, PAUL 12000 Biscayne Boulevard #705 North Miami, FL 33181	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIGHT, LYNN 1360 97th St. Bay Harbor Isl. Miami Beach, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition LEIGHT, LYNN 12000 Biscayne Boulevard #705 North Miami, FL 33181	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEIGHT, LYNN 1360 97th St. Bay Harbor Isl. Miami Beach, FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition LEIGHT, LYNN 12000 Biscayne Boulevard #705 North Miami, FL 33181	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000001897290 -07/18/96--01008--005 ***225.00 ☐ Change ☐ Addition	

CR2E034 (12/95)

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)(k), 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 added on an attachment with an address.

SIGNATURE: [signature] Pres 5/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

PAUL LEIGHT

Daytime Phone Number 305 891-2005

7/17/96