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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 488504

THE LADIES CENTER AUSTIN, INC.

(2)

FILED May 02 1997 8:00am Secretary of State

Principal Plac 8401 NORTH I #200 AUSTIN TX 78	H 35	Mailing Address 12000 BISCAYNE BLVD. ≢705 NORTH MIAMI FL 33181-	2727	**			
US		U\$			 Date Incorporated or Qualified 10/28/1975 	3a. Date of Last Report 07/17/1996	
2. Principal Place of Business 21		2a. Mailing Address	-¬		4. FEI Number 59-1629172	Applied Fo	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		1 to	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ 29	Count	гу	8. This corporation has liability for		2,
	9, Name and Address of Curren		130]	·····	10. Name and Address of New Re		
LEIC	SHT, PAUL		8	1 Name			
125	50 BISCAYNE BLVD.		В	2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
#70 NOI	RTH MIAMI FL 33181		B	3			
			8	4 Cily		FL 85 Zip Code	
SIGNATURE	egistered agunt, or both, in the State im familiar with, and accept the obligation Signature, typed or printed have, or registered agric OFFICERS AN	ntions of, Section 607.0505, F	lorida Statut	98.	poration submits this statement for the patients board of directors. I hereby acception's board of directors. I hereby acception's board of directors. I hereby acception acceptance of the patients are acceptanced to the pa	(IAC))d
TITLE	PD OFFICENS ANI	DELETE	1.1 TIRE	1 -	ADDITIONS/CHANGES TO OFFIC	EHS AND DIRECTORS IN 12 Change Add	lition
NAME	LEIGHT, PAUL		1.2 NAM			[_] Change [_] Aud	nom
STREET ADDRESS	120000 BISCAYNE BOULEVAR	D #705	1	1 ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY				İ
TITLE	D	☐ DELE1E	2.1 1/11/6			☐ Change ☐ Add	Jilion
NAME	L'EIGHT, LYNN		2.2 NAM			•	
STREET ADDRESS	12000 BISCAYNE BOULEVARD	# 705	23 STRE	T ADDRESS			1
CITY-ST-ZIP	NORTH MIAMI FL 33181		2. # CITY	· ST · ZIP	."		}
TITLE	T	DECETE	3.1 TITLE			Change Add	ition
NAME	LEIGHT, LYNN		3.2 NAME				
STREET ADDRESS	12000 BISCAYNE BOULEVARD NORTH MIAMI FL 33181	#/US	3.3 STRE	1 ADDRESS			
CITY-ST-ZIP TITLE	NOTITI MIMMI FL 33181	DELETE	3.4. CITY	- \$1 - ZIP			
		L. Dette it	4.1 TITLE			☐ Change ☐ Add	ition
NAME STREET ADORESS			4. 2 NAM				
CITY-ST-ZIP	•			1 ADDRESS			
TITLE		DELETE	4 4 CITY-	51 - 7H'		Change Add	ition
NAME		Land William III	5 2 NAME			CT cuando CT van	10001
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE			Change Add	ition
NAME			6.2 NAME			·	
STREET ADDRESS			6.3 \$1RE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY	\$1 - ZIP			
14 I do borok	an applifue that the before a few alles	1 14 11 1 11 11			11 0 (1 446.05/00/0) (1 11 0)		

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that in the resolver or selection and that my name.