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

507556

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
LAURAY, INC.

FLORIDA DEPARTI Sandra B. I Secretary

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(9)

FILED

Feb 03 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					
101 MARTES	IA WAY	101 MARTESIA WAY	101 MARTESIA WAY		
	BOUR BCH FL 32937	INDIAN HARBOUR BCH	FL 32937		DO NOT WEITE IN THIS SEASE
US		us			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
-					07/21/1976
2. Principal Place of Business 2a. Mailing Ad					4. FEI Number Applied For
21		26			59-1689394 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			— \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
		28			Trust Fund Contribution 🔼 Added to Fees
Zip	Country	Zip		intry	8. This corporation owes or has paid the current year Intangible
24	25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
01		t negisteled Agent		81 Name	10. Name and Address of New Aegistered Agent
	JARINO, LAWRENCE N.			Ot Haine	
	1 Martesia way Dian Harbour BCH FL 32937			82 Street A	Address (P.O. Box Number is Not Acceptable)
list	JIMN HARBOUR BUH FL 3293/			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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	The state of the s		ionaa ota	0103.	
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	1 Agent signature r	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE .	PD	☐ DELETE	1,1 T		Change Addition
NAME	GUARINO, LAWRENCE N.		1.2 N	IME	
STREET ADDRESS	101 MARTESIA WAY			REET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	□ priese		TY-ST-ZIP	
TITLE	SD CHARING EVELVAL	☐ DELETE	2.1 TI		☐ Change ☐ Addition
NAME	GUARINO, EVELYN		2.2 N		ε.
STREET ADDRESS	101 MARTESIA WAY		- 1	REET ADDRESS	
CITY-ST-ZIP TITLE	INDIAN HARBOUR BCH FL	☐ DELETE	2, 4 C	TY-ST-ZIP	Change Additio
NAME STREET ADDRESS			3.2 N/	ļ	
CITY-ST-ZIP				REET ADDRESS	
TITLE		DELETE	3.4. G 4.1 Ti	TY-ST-ZIP	Change! Addition
NAME			4.1 N		Strange
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		DELETE	5.1 TI		Change Addition
NAME			5.2 N/		
STREET AODRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		DELETE	6.1 TF		Change Addition
NAME			6.2 NA		•
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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:

willing Sustano 11 to Elin Guarino 1-24-98

407-777-6780