Zip Code

85

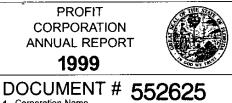
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

437 GOLDEN ISLE DR HALLANDALE, FL

33009



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State Secretary of State 02-23-1999 90075 012 ***163.75

LAWREN	CE ECONOMIC CONSU	LTING, INC.				
Principal Place of Business Mailing Addre			ddress		1 (2014) Bulby sixes using state (100) 311) Bibli 4(2), Shift attentional and (100)	
2500 E. HALLANDALE BEACH BLVD 2500 E. HALLANDALE BEACH HALLANDALE FL 33009 HALLANDALE FL 33009			- '			
					DO NOT WRITE IN THE	HIS SPACE
					3. Date Incorporated or Qualifed	
					11/10/1977	and the second second
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			13-2915421	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & :	State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year	
24	25	29	30		Personal Property Tax.	☐ Yes ☑ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
GLAU	JBINGER, LAWRENCE D			81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)	

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.

83

84

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1,1 TITLE	☐ Change ☐ Addition					
NAME	GLAUBINGER, LAWRENCE D		1.2 NAME						
STREET ADDRESS	437 GOLDEN ISLE DR		1.3 STREET ADORESS	71 1					
C/TY-ST-ZIP	HALLANDALE, FL 00000		1.4 CITY-ST-ZIP	33009					
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	GLAUBINGER, LUCIENNE		2.2 NAME						
STREET ADDRESS	437 GOLDEN ISLE DR.		2.3 STREET ADDRESS	· /					
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	33009					
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME	STONEBERGER, ROBERT		3.2 NAME						
STREET ADDRESS	4727 N. BAY RD.		3.3 STREET ADDRESS	÷					
CITY-ST-ZIP	MIAMI BCH FL		3.4. CITY-ST-ZIP	33140					
TITLE	VD	DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME	FRANZBLAU, S. M.		4.2 NAME						
STREET ADDRESS	6 KIPS RIDGE		4.3 STREET ADDRESS	.					
CITY-ST-ZIP	MONTCLAIR NJ		4.4 CITY-ST-ZIP	07042					
TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition					
NAME			5.2 NAME						
STREET ADDRESS			53 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME			6.2 NAMÉ	,					
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Parties 440 07/24/2 Elegide Statutes I further certify that the information					

nereby 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 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 true 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; with all other like empowered.

SIGNATURE: