

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 # **603819** (4)

1. Corporation Name
THE LAWRENCE GROUP CHARTERED ARCHITECTS AND PLANNERS, INC.



Principal Place of Business: **205 PALM WORTH AVENUE PALM BEACH FL 33480**
Mailing Address: **205 PALM WORTH AVENUE PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **09/01/1972** 3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-1410508** 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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

g. Name and Address of Current Registered Agent

**BURMAN, J. MICHAEL, ESQ.
712 US HWY ONE, STE 300
NO. PALM BCH. FL 33408**

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature taken in person and filed for filing in the State of Florida. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPT LAWRENCE, EUGENE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 PALM WORTH AVENUE	1.2 NAME	
STREET ADDRESS	PALM BEACH FL	1.3 STREET ADDRESS	
CITY, ST, ZIP	AS	1.4 CITY, ST, ZIP	
TITLE	ROBINSON, MARY L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 PALM WORTH AVENUE	2.2 NAME	
STREET ADDRESS	PALM BEACH FL	2.3 STREET ADDRESS	
CITY, ST, ZIP	D	2.4 CITY, ST, ZIP	
TITLE	LAWRENCE, EUGENE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 PALM WORTH AVENUE	3.2 NAME	
STREET ADDRESS	PALM BEACH FL	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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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 as an addendum with an address.

SIGNATURE: *Mary L. Robinson*
MARY L. ROBINSON

1-19-96 407 655 0670

CR2E034 (12/95)