

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90052 010 \*\*\*150.00

0157242

DOCUMENT # 608554

1. Corporation Name

LAWRENCE A. SANDERS ENTERPRISES, INC.

Principal Place of Business

APARTMENT 2704  
111 BRINY AVE  
POMPANO BEACH FL 33062

Mailing Address

APARTMENT 2704  
111 BRINY AVE  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1979

4. FEI Number

59-1921671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1900 CORPORATE BLVD.

Suite, Apt. #, etc.

22 SUITE 201 EAST

City & State

23 BOCA RATON, FL

Zip

24 33431

Country

2a. Mailing Address

26 1900 CORPORATE BLVD

Suite, Apt. #, etc.

27 SUITE 201 EAST

City & State

28 BOCA RATON, FL

Zip

29 33431

Country

30

9. Name and Address of Current Registered Agent

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

BREDE, J. DANIEL

1900 CORPORATE BLVD, NW #201 EAST

P.O. BOX 3004

BOCA RATON FL 33431

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

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  
NAME SANDERS, LAWRENCE A  
STREET ADDRESS 111 BRINY AVE APT 2704  
CITY-ST-ZIP POMPANO BEACH FL

☒ DELETE

TITLE SD  
NAME SMITH, MARY C.  
STREET ADDRESS 111 BRINY AVE APT 2704  
CITY-ST-ZIP POMPANO BEACH FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PRES / DIR  
1.2 NAME J. DANIEL BREDE  
1.3 STREET ADDRESS 1900 CORPORATE BLVD. # 201 EAST  
1.4 CITY-ST-ZIP BOCA RATON FL 33431

☐ Change

☒ Addition

2.1 TITLE TREAS / DIR.  
2.2 NAME RONALD A. DICRESSENZA  
2.3 STREET ADDRESS 3711 N.E. 27 AVE  
2.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

*Lawrence A. Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

561-241-8996

Daytime Phone #

CR2E034 (11/98)