

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # #626602

1. Corporation Name

LAURALYN INVESTMENTS, INC.

Principal Place of Business
**R. Abe Blankenstein
1183A Finch Ave, W
Downsview, Canada
Canada M3J 2G2**

Mailing Address
**c/o Sanford N. Reinhard, PA
2875 NE 191st Street, #404
N. Miami Beach, FL 33180**

3. Date Incorporated or Qualified
06/19/1979

3a. Date of Last Report
04/18/95

2. Principal Place of Business
same

2a. Mailing Address
same

4. FEI Number
59-1938033

Applied For
Not Applicable

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANFORD N. REINHARD, P.A.
2875 N.E. 191st Street, Suite 404
N. Miami Beach, Florida 33180**

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 607.0502 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of the person signing this statement

Signature typed or printed name of the person signing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Blankenstein, Annette, R.
1183 A. Finch Avenue, W. #11
Downsview, Ontario**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Flalkov, Joe
1183 A. Finch Avenue W, #11
Downsview, Ontario**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D Blankenstein, R.A.
1183 A. Finch Avenue, W. #11
Downsview, Ontario**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 1996

932-7565

CR2E034 (12/95)

5/1/96