

FILE NOW: FILING FEE IS \$61.25

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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704969 (5)

1. Corporation Name
EDWARD LAWRENCE, INC.



Principal Place of Business Mailing Address
527 9TH AVENUE NORTH 527 9TH AVENUE NORTH
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701-1659

3. Date Incorporated or Qualified 12/21/1962 3a. Date of Last Report 04/25/1996
4. FEI Number 59-1004437 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. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
MARTINEAU, GABE
527 9TH AVENUE NORTH
APT 14
ST PETERSBURG FL 33701

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
T	MARTINEAU, GABE	<input type="checkbox"/> DELETE
STREET ADDRESS	527 N 9TH AVE #14	
CITY - ST - ZIP	ST. PETERSBURG FL	
PD	PARKS, THOMAS	<input type="checkbox"/> DELETE
STREET ADDRESS	525 9TH AVENUE NORTH #2	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
S	DRUES, ANNA	<input type="checkbox"/> DELETE
STREET ADDRESS	525 9TH AVENUE NORTH #29	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
D	CHASE, AGATHA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	527 9TH AVENUE NORTH #34	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
VD	HIGLEY, JUDITH	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	527 9TH AVENUE NORTH #28	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gerard Martineau	
4.3 STREET ADDRESS	527 9th Ave. North #10	
4.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Landers	
5.3 STREET ADDRESS	527 9 Ave. North	
5.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gabe Martineau 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049768

CR2E037 (9/96)