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NONPROFIT CORPORATION **ANNUAL REPORT**



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

1996

DOCUMENT # 1. Corporation Name

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WHITE, LAURAINE L S. FINANCIAL MGMT SVCS 4501 NORTH TAIMAMI TRAIL #223 NAPLES FL 33940 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named conjunction submits this statement for the purpose of changing its registered of corregistered agent, or both, in the State of Florida. Such change was subhorized by the corporation's board of directors. I hereby accept the approintment as registered agent, I am familiar with, and accept the obligations of, Socione 617 (050,000 e17 0500). Florida Statutes, the above named conjunction submits this statement for the purpose of changing its registered agent, I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of the approintment as registered agent. I am familiar with a decorption of decorptions in the approintment as registered agent. I am familiar with a decorption of decorptions against the approintment as registered agent. I am familiar with a decorption of decorptions against the approintment as registered agent. I am familiar with a decorption of decorptions against the approintment as registered agent. I am familiar with a decorption of decorptions against the approintment as registered agent. I am familiar with a decorption of decorptions against the approintment as registered agent. 12. OFFICERS AND DIRECTORS 13. ADDITIO		9. Name and Address of Curren	t Registered Agent				Name and Address of New Re	gistered	Agent	
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64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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										

SIGNATURE:

certry 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 unde 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 attachnish with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Taylor Profes