

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **838574** (2)

1. Corporation Name
LAUPCO, INCORPORATED



Principal Place of Business: **978 SPRUCE AVE. MARCO ISLAND FL 33937**
Mailing Address: **978 SPRUCE AVE. MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified: **06/10/1977**
3a. Date of Last Report: **05/01/1995**

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)

4. FEI Number: **59-1782023**
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

9. Name and Address of Current Registered Agent

**KARL, JAMES L. (II)
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	LAUPERT, LUCILLE	978 SPRUCE AVE.	MARCO ISLAND FL	<input type="checkbox"/>
SD	LAUPERT, LUCILLE	978 SPRUCE AVE.	MARCO ISLAND FL	<input type="checkbox"/>
PTD	LAUPERT, LUCILLE	978 SPRUCE AVE.	MARCO ISLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4		<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4		<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4		<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4		<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4		<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4		<input type="checkbox"/>	<input type="checkbox"/>

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: *Lucille Laupert Lucille Laupert* 1-19-96 941-775-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Period

CR2E034 (12/95)