## FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90015 022 \*\*\*150.00

PROFIT						
CORPORATION						
ANNUAL REPORT						

1999



FLORIDA DEPARTMENTOF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F2	5 65	5.	/

1. Corporation Name	56551		_		
LAUDA CORPORATION				_	
Principal Place of Business	Mailing Address		-		
1645 PALM BEACH LAKES BLVI	)1645 PALM BEAG	CH LAKES BLVD.			
SUITE 1200	SUITE 1200		DO NOT WRITE IN THI	S SPACE	
W: PALM BEACH, FL 33401	W. PALM BEACH	, FL 33401	3. Date Incorporated or Qualifed	3 dr AOL	
US	US		03/04/1981		İ
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21	26		92-8800044	Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	27		5. Certificate of Status Desired	Fee Rec	quired
City & State	City & State		6. Election Campaign Financing	\$5.00	
23	28		Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current year I		□No
24 25 9. Name and Address of Curre		30	Personal Property Tax.  10. Name and Address of New Registere	N	
s. Name and Address of Corre	ili Kadistelan Adelit	81 Name			
LIOCE, DOMENICK R.			(D.O. County in Mat Appearable)		
1645 PALM BEACH LAKES BLVI	D.	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		1
SUITE 1200	$\overline{}$	83			
		84 City		85 Zip C	Ode
		/   -   - <i> </i>	F	LITT	Į.
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or book, in the State agent. I am familiar with, and accept the oblig	02 and 607.1506, Florida Statute	s, the above-named corpo	pration submits this statement for the purpose	of changing its r	egistered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	ror Flonda, auch enange was au alions of Seption 667.0505, Flori	ida Statutes.	IT'S DOURG OF GRECOSS. Thereby accept the app	ommon as reg	13.6760
I SIGNATURE I Y /					[
		Registered Agent signature required	( when reinstating) DATE		
Stynellow, Topad or printed cases of positioned age  12. OFFICERS AI	ND DIRECTORS	13.		AND DIRECTOR	
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12. OFFICERS AI TITLE DPST NAME LIOCE, DOMENICK R.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	( when reinstating) DATE	AND DIRECTOR	
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indicated on this annual report or supplemental annual report of supplemental annual report of the corporation or the receive or trustee Block 12 or Block 13 if changed, or on any attachment with and that my signature shall have the same legal effect as if made under cath; that I am an the this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

YPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DOMENICK R. LICCE, PRESIDENT