

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F39901

(6)

1. Corporation Name

LAWSON, NOBLE & WEBB, INC.

Principal Place of Business

420 COLUMBIA DRIVE.
WEST PALM BEACH FL 33409

Mailing Address

420 COLUMBIA DRIVE.
WEST PALM BEACH FL 33409-1968



3. Date Incorporated or Qualified
06/08/1981

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

59-2090616

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

KRAMER ROBERT S
2307 SE MONTEREY RD.
STUART FL 34968

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	NOBLE, LEO E	
STREET ADDRESS	1885 WOODBRIDGE LKS CIR	
CITY - ST - ZIP	WEST PALM BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWSON, ROBERT W	
STREET ADDRESS	3723 VALLEY PARK WAY	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, PERRY	
STREET ADDRESS	1335 SUNRISE DR.	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WEBB, ELIZABETH	
STREET ADDRESS	6679 DUCKWEED RD.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAER, CHRISTOPHER J.	
STREET ADDRESS	101 MORGATE	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANDERS, THEODORE	
STREET ADDRESS	86 W. PLUMOSA LANE	
CITY - ST - ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIKE KODZIEJCZYK	
1.3 STREET ADDRESS	1701 SW CASHMERE BLVD.	
1.4 CITY - ST - ZIP	PORT ST. LUCIE, FL. 34953-1534	
2.1 TITLE	VP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	ROYALD LAST	
2.3 STREET ADDRESS	11683 ORANGE GROVE BLVD	
2.4 CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS	7585 Thornlea Drive	
3.4 CITY - ST - ZIP	LAKE WORTH, FL. 33467	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS	8415 92nd Ave	
5.4 CITY - ST - ZIP	Vero Beach, FL 32907	
6.1		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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

ELIZABETH WEBB 1/23/97 (561) 684-1668

Date

Daytime Phone #

CR2E034 (9/96)