

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F75507 (6)

1. Corporation Name
LAWRENCE FACTOR, INC.

Principal Place of Business Mailing Address
2740 W. 70 STREET **2740 W 70 STREET**
MALEAH, FL 33016 **MALEAH FL 33016**
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------------------|--|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/07/1982 | 3a. Date of Last Report 03/16/1994 |
| 21. same | 26. same | 4. FEI Number 59-2287373 | | Applied For Not Applicable | |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KAPLAN, LAWRENCE 900 BAY DR #1001 MIAMI BCH FL 33141 | | | | B1 | Name | | |
| | | | | B2 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | B3 | | | |
| | | | | B4 | City | | |
| | | | | FL | B5 | 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: Lawrence Kaplan **LAWRENCE KAPLAN** 2-16-95
(NOTE: Registered Agent signature required when resubmitting) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPLAN, LAWRENCE | 1.2 NAME | |
| STREET ADDRESS | 900 BAY DR #1001 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOSTICK, JOHN S. | 2.2 NAME | |
| STREET ADDRESS | 131 NE 172 STR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NO MIAMI BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | VM | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAUGHLIN, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 6200 NW 173 STR, APT 121 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | STM | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUMMINGS, JUDALINE A | 4.2 NAME | |
| STREET ADDRESS | 6800 MCCLELLAN STR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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 unchanged, or as an attachment with an addition.

SIGNATURE: Lawrence Kaplan **LAWRENCE KAPLAN** 2-16-95 **305-557-7549**
(NOTE: Registered Agent signature required when resubmitting) DATE Telephone No.