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**Apr 03 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 # F75507 (6)
1. Corporation Name
LAWRENCE FACTOR, INC.



Principal Place of Business: **2748 W. 79 STREET MALEAH, FL 33016**
Mailing Address: **2748 W. 79 STREET MALEAH, FL 33016-2767**

3. Date Incorporated or Qualified: **04/07/1982**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21 4740 NW 157 STREET**
2a. Mailing Address: **26 4740 NW 157 STREET**
22. City & State: **23 MIAMI LAKES, FL**
28. City & State: **28 MIAMI LAKES, FL**
24. Zip: **33014** 25. Country: **USA**
29. Zip: **33014** 30. Country: **USA**

4. FEI Number: **59-2287373**
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
**KAPLAN, LAWRENCE
900 BAY DR #1001
MIAMI BCH FL 33141**

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: **LAWRENCE KAPLAN, PRES.** DATE: **3-19-97**
Sign above typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAPLAN, LAWRENCE	
STREET ADDRESS	900 BAY DR #1001	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KOSTICK, JOHN S.	
STREET ADDRESS	131 NE 172 STR	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33141
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33162
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT M. LAUGHLIN
3.3 STREET ADDRESS	18275 SW 29 ST.
3.4 CITY-ST-ZIP	MIRAMAR, FL 33029
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUDALINE A. CUMMINGS
4.3 STREET ADDRESS	6890 MCCLELLAN ST.
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **LAWRENCE FACTOR, INC** DATE: **3-19-97**
LAWRENCE KAPLAN Daytime Phone # **305-430-0550**

CFR2E034 (9/96)