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Apr 18 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 # F95000001243 (3)

1. Corporation Name

A. LAWER CORPORATION

Principal Place of Business

Mailing Address

180 N. SHERMAN AVE.  
CORONA CA 91720

180 N. SHERMAN AVE.  
CORONA CA 91720-1841



3. Date Incorporated or Qualified

03/15/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-4341663

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILLARD, JEFF

10284 N.W. 47TH

SUNRISE FL 33351

1831 N.W. 33RD ST.  
POMPANO BEACH  
FL 33064

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE

NAME LAWER, MARK A  
STREET ADDRESS 180 N. SHERMAN AVE.  
CITY-ST-ZIP CORONA CA 91720

1.1 TITLE ☐ Change ☐ Addition

TITLE VVC ☐ DELETE

NAME LAWER, MICHAEL J  
STREET ADDRESS 650 S. 13TH STREET  
CITY-ST-ZIP INDIANA PA 15701

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME LAWER, MATTHEW B  
STREET ADDRESS 1710 INDUSTRIAL ROAD  
CITY-ST-ZIP SAN CARLOS CA 94070

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME LAWER, SUZANNE M  
STREET ADDRESS 180 N. SHERMAN AVE.  
CITY-ST-ZIP CORONA CA 91720

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

Mark A. Lawer 4/9/97 909-340-2800

CR2E034 (9/96)