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**Mar 19 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 # G50310 (3)
1. Corporation Name
LAUREL MANAGEMENT CORPORATION



Principal Place of Business: **2100 S. OCEAN BLVD. APT. 105N PALM BEACH FL 33480 US**
Mailing Address: **2100 S. OCEAN BLVD. APT. 105N PALM BEACH FL 33480-5207 US**

3. Date Incorporated or Qualified: **07/13/1983**
3a. Date of Last Report: **03/06/1996**
4. FEI Number: **59-2305268**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
**PEARLMAN, DORIS M
2100 S. OCEAN BLVD.
APT. 105N
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> DELETE
NAME	PEARLMAN, ROBERT C.	
STREET ADDRESS	2880 S. OCEAN BLVD, #205N	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	PEARLMAN, DORIS M.	
STREET ADDRESS	2100 S. OCEAN BLVD., #105N	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARLMAN, JILL BETH	
STREET ADDRESS	111 THIRD AVE. APT. 2F	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARLMAN, HEIDI	
STREET ADDRESS	2100 S. OCEAN BLVD., #105N	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CARUSO, DAVID J	
STREET ADDRESS	4984 GRAPHIC DR	
CITY-ST-ZIP	GIBSONIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D PEARLMAN, JILL BETH
3.3 STREET ADDRESS	2100 S. OCEAN BLVD., #105N
3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D PEARLMAN, HEIDI
4.3 STREET ADDRESS	7983 E. HINSDALE PLACE
4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112
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 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris M. Pearlman* 3/13/97

CR2E034 (9/96)