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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H18723 **DOCUMENT #** 

(7)

LAURA WALLER INVESTMENTS, INC.

****	HITEOTHIBITIO,	

Principal Place of Business

Mailing Address

TAMPA FL 33602		TAMPA FL 33602					
					3. Date Incorporated or Qualified 08/24/1984		f Last Report 14/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For
21		26	26		59-2449550		Not Applica
Suite, Apt. #	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		Oity & State	Jan 19 19 19 19 19 19 19 19 19 19 19 19 19		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζψ	Country	Z <sub>i</sub> ρ	Countr	y	8. This corporation has liability for i		unders 199.032,
24	25	29	30		Florida Statutes 🔀 Yes		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Ag	gent
			81	Name			
	Laura R.		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	NNEDY BLVD 1785						
tampa f	L 33602		83	<b>'</b> [			
			84	City			85 Zip Code
				<u></u>	ration submits this statement for the pur	FL	
SIGNATURE	h, and accept the obligations of, So squature, toped or product name of resistered or		S. D'E Registered Ag	erif signature recuer	od viligernerst de gr	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	IÇERS AND [	DIRECTORS IN 12
TITLE	PDT	☐ DELETE	1.111116	T			Change Addit
NAME	WALLER, LAURA R.		1.2 NAME				
STREET ADDRESS	101 E KENNEDY BLVD 178	15	1.3 STREE	EL ADDRESS			
CiTr - ST - ZiP	TAMPA FL		1.4 C/TY -	ST-ZIP			
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				-ST-ZiP			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs 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 if changed, or on an attachment with an address.

SIGNATURE; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 813-321-1956