

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC -2 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H55412 (1)

1. Corporation Name

LAWREN FASHIONS, INC.

Principal Place of Business

% ROBERT S. FORMAN
238 S. UNIVERSITY DR.
PLANTATION FL 33324

Mailing Address

% ROBERT S. FORMAN
238 S. UNIVERSITY DR.
PLANTATION FL 33324

3. Date Incorporated or Qualified
05/03/1985

3a. Date of Last
07/24/1

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number
59-2628489

5. Certificate of Status Desired

☐

\$8.7
Fe

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.
Adc

8. This corporation has liability for intangible tax under
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORMAN, ROBERT S.
800 E. BROWARD BLVD.
SUITE 608
FORT LAUDERDALE FL 33301

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

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
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, 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

NEWMAN, VICTOR
238 S. UNIVERSITY DR
PLANTATION FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD

NEWMAN, WREN
238 S. UNIVERSITY DR
PLANTATION FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Change

☐ Change

☐ Change

☐ Change

☐ Change

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 Statute
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 I
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
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

VICTOR NEWMAN 4/20/96 905
474

Dear Mr. Sellers-

As per our conversation,
I resigned my copy of Annual
Report. The first one sent, was
not received. My check to you
was not cleared, and I have
enclosed a new one -

Thank you for your
help
Sincerely
Vern Brown

(954-474-5207)