

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra K. Mortzgam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H68046 (2)**

1. Corporation Name
LAKIDO, INC.



Principal Place of Business: **1805 46 AVENUE VERO BEACH FL 32966**
Mailing Address: **1805 46 AVENUE 61 WOODLAND DR VERO BEACH FL 32966 APT. 104 32962**

3. Date Incorporated or Qualified: **07/24/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **ST. EDWARDS DRIVE**
22 Suite, Apt. #, etc.

4. FEI Number: **59-2563125**
Applied For: Not Applicable

26 **61 WOODLAND DR**
27 **APT. 104**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **VERO BEACH, FL.**
24 Zip: **32963**
25 Country: **INDIANA RIVER**
26 Zip: **32962**
27 Country: **INDIANA RIVER**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
**WACHTER, DONALD
1805 46 AVENUE
VERO BEACH FL 32960**

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

10. Name and Address of New Registered Agent
81 Name: **LAURA WACHTER**
82 Street Address (P.O. Box Number is Not Acceptable): **61 WOODLAND DR**
83 **APT. 104**
84 City: **VERO BEACH** FL 85 Zip Code: **32962**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 conditions of, Section 607.0504, Florida Statutes.

SIGNATURE: *Laura Wachter* **LAURA WACHTER** DATE: **5-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTER, LAURA	1.2 NAME	WACHTER, LAURA
STREET ADDRESS	1805 46 AVENUE	1.3 STREET ADDRESS	61 WOODLAND DR.
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH FL 32962
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTER, DONALD	2.2 NAME	
STREET ADDRESS	1805 46 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001856311
STREET ADDRESS		5.3 STREET ADDRESS	-06/10/96--01001--009
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Laura Wachter* **LAURA WACHTER** DATE: **4-30-96**

CR2E034 (12/95)

05-01-96 OK