

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

DOCUMENT # H81371

(7)

1. Corporation Name

LAUREN SARA, INC.



Principal Place of Business

4345 N RIDGEMOOR DR
PALM HARBOR FL 34685
US

Mailing Address

4345 N RIDGEMOOR DR
PALM HARBOR FL 34685
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1985

3a. Date of Last Report

03/30/1995

4. FEI Number

59-2588791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

PEARL, SHERYL R.
6119 SCHOONER WAY
TAMPA FL 33615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4345 Ridgemoor Drive North

83

84 City

Palm Harbor

FL

85 Zip Code

34685

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

Sheryl R. Pearl, Secretary

(NOTE: Registered Agent signature required when reinstating)

2/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DS
PEARL, SHERYL R.
STREET ADDRESS 6119 SCHOONER WAY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D
PEARL, BARRY A.
STREET ADDRESS 6119 SCHOONER WAY
CITY-STATE-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

4345 Ridgemoor Dr. N.
Palm Harbor, FL 34685

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

4345 Ridgemoor Dr. N.
Palm Harbor, FL 34685

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Sheryl R. Pearl

Sheryl R. Pearl

2/12/96 (813)960-4780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)