## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # H81371

LAUREN SARA, INC.

Principal Place of Business

Mailing Address

FILED

97 AUG -5 PM 4: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



PALM HARBOR FL 34685		PALM HARBOR	PALM HARBOR FL 34685-3172						
US		U\$ ·				3. Date Incorporated or Qualified 10/17/1985	3a. Date of 02/21/1	•	ort
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	1	<del></del>	ed For
21		26	26			<b>59-2588791</b> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$</b>	<b>8.75</b> Add	
22		27				Fee Required			
City & State		City & State	} <sub>1</sub>			6. Election Campaign Financing \$5.00 May Be			
23]		28	[			Trust Fund Contribution			
Zip	Country	Zip	<b>├</b> ──	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   ☐ No			
24]	9. Name and Address of Curr	29 Peoletered Acent				Florida Statutes Yes U No  10. Name and Address of New Registered Agent			
DCA	RL, SHERYL R.	ent neglistered Agent		81	Name	TO. Hame and Address of New Meg	ingrained Agei		
4345 RIDGEMOOR DRIVE NORTH				82					
	M HARBOR FL 34685				Street Address (P.O. Box Number is Not Acceptable)				
THE	III IPAIDON I E 04003			83					
				84	City		FL 85	Zip Cod	de
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	502 and 607.1508, Flo hte of Florida. Such cha ligations of, Section 60	rida Statutes, the trige was authori 7.0505, Florida S	ll above ized by Statutes	e-named co the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	1	nging its re nent as req	egistered gistered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·		هاد ایا پیدیست	د في د د	صد درمید				
12.	Signature, typed or printed name of registerial	AND DIRECTORS		tered Age	ni signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIE	ECTORS I	N 12
TITLE	DS		·	A TITLE					
NAME	PEARL, SHERYL R.	-		.2 NAME		9000022	515	39,	4
STREET ADDRESS	4345 RIDGEMOOR DRIVE N	ORTH	1.3 STREET ADDRESS		ADDRESS.	~U8/U8/1	/ (~~U10); - OO - 44	34UU k**165	10 00
CITY-ST-ZIP	PALM HARBOR FL	•		4 CITY-S		****165	),UU #**	****100	.00
TITLE	D			.1 THILE	1-211			Change [	Addition
NAME	PEARL, BARRY A.		2.	.2 NAME					ŀ
STREET ADDRESS	4345 RIDGEMOOR DRIVE N	orth	2.	.3 STREET	ADDRESS				1
CITY-ST-ZIP	PALM HARBOR FL			4 CITY - S					[
TITLE			DELETE 3.	.1 TITLE				Change [	Addition
NAME			3.	.2 NAME					.
STALET ADDRESS			3.	.3 STREET	ADDRESS				Ì
CITY - ST - ZIP			3.	.4. CITY - 5	I - ZIP				
TITLE			DELLTE 4.	.1 TOLE				nange [	Addition
NAME			4.	2 NAME			n -X		]
STREET ADDRESS			4.	.3 STREET	ADDRESS		1/6		ر ا
CITY-ST-ZIP			4.	4 CITY-S	1-21P		/{K	n!	
TITLE			DELETE 5.	.1 TITLE			7 7	Ohange/	Addition
NAME			5.	.2 NAME			(1) × (		1
STREET ADDRESS			5.	.3 \$1RE£1	ADDRESS		Ď		
CITY-ST-ZIP				4 CITY-S	1 - 21P		<u> </u>		
TITLE			DELETE 6.	A MILE				Change [	Addition
NAME			6.	.2 NAME					
STREET ADDRESS			б.	.3 S1RE{1	ADDRESS				
CITY-ST-ZIP			6.	4 CITY-S	T - 7iP				

14. I do hereby certify that the information supplied with this filling 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 12 or Block 13 if changed, or on an attachment with an address.