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PROFIT CORPORATION ANNUAL REPORT 1998



IT ORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J55356

(6)

FILED Feb 16 1998 8:00am Secretary of State

LOURAN DEVELOPMENT CO., INC. Principal Place of Business Mailing Address GVJB SRCHSYAB WS 009 600 CW BAYCHORE BLVD PORT ST LUCIE FL 84900-PORT ST LUCIE FL 84888 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1987 2a. Mailing Address 6 474 SE CORK ROAD 2. Principal Place of Business 4. FEI Number Applied For 474 SE CORK ROAD 59-2765060 Not Applicable Suite, Apt #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country This corporation owes or has paid the current year Intangible LUCIE LUCIE[29 34984 30 ST. 34984 ST. Yes Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORBIS. LOURENA SUE 474 SE CORK ROAD 600-CW-BAYCHORE BLVD Street Address (P.O. Box Number is Not Acceptable) 34984 PORT ST LUCIE FL 34963-A3 84 City Zip Code 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 Horida. 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, typed or printed name of registered agent and title if applicable (NOTE: Flogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE Change TITLE FORBIS, LOURENA SUE 1.2 NAME NAME 205 CW CHANDLER TERR 474 SE CORK ROAD 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34984 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE VASCELLARO, ANDREW 22 NAME NAME 805-10 CENTRAL PARKWAY 2.3 STREET ADDRESS STREET ADDRESS STUART FL 2.4 CITY-ST-ZIP CITY-\$1-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE 61 TITLE TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP CITY-ST-ZIP

14. Hereby certify that the information supplied with this filing 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 13 if changes or on an attachment with an address.

LOURENA SUE FORBIS 2.9.98 561.879.8914