

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J73800

(1)

1. Corporation Name

LARU INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**8820 SW STATE RD 200
SUITE 210 & 211
OCALA FL 34481
US**

**8820 SW STATE RD 200
SUITE 210 & 211
OCALA FL 34481
US**

3. Date Incorporated or Qualified
05/21/1987

3a. Date of Last Report
05/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

MARION

28 Zip

29 Country

MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, GERI
8820 SW SR 200
OCALA FL 34481**

81 Name

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

83

84 City

FL

85 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 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

Signature typed or printed name of registered agent and the corporation

(If Not Registered Agent, Signature Required when Resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ROBERTS, GERI	8820 SW SR 200	OCALA FL	☐
VP	ROBERTS, GERI	8820 SW SR 200	OCALA FL	☐
ST	ROBERTS, GERI	8820 SW SR 200	OCALA FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: *GERI ROBERTS* **GERI ROBERTS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day: Phone: #

CR2E034 (12/95)