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

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J73800

(1)

LARU INVESTMENTS, INC.

FILED	
May 06 1997 8:00am	1
Secretary of State	

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Principal Plac	ncipal Place of Business Mailing Address		T TOOTH OUR PERSONAL TOOL TENT DOUT DET DIDY DIGHT BIRT BIRT BIRT BIRT BIRT BIRT BIRT BIR			
8820 SW STATE RD 200 SUITE 210 & 211 OCALA FL 34481		8820 SW STATE RD 200 SUITE 210 & 211 OCALA FL 34481-9613				
US		US			3. Date Incorporated or Qualified 05/21/1987	3a. Date of Last Report 05/01/1996
	lace of Business	2a, Mailing Addres	s		4, FEI Number	Applied For
Suite, Apt.	# oto	26   Suite, Apt. #, e	lo.		59-2852064	Not Applicable
22	π, σιο.	27 Suite, Apr. #, 8	ic.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<del></del>	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Coun	lry	8. This corporation has liability for i	
24	25	29	30		Florida Statules	Yes 🗹 No
	9, Name and Address of Cur	rrent Registered Agent		al	10. Name and Address of New Re	gistered Agent
	BERTS, GERI		*	Mame Name		
	0 SW SR 200 ALA FL 34481		8	Street Add	ress (P.O. Box Number is Not Acceptab	ole)
00/	1D1 FE 34401		8	13		
			8	Gity		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida	Statules, the abo	ve-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such change bligations of Section 607.05	was authorized	by the corporal	tion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	,		oo, i londa otata			
	Signature, typed or printed name of registered			Agent signature requi	red when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	Roberts, Geri	☐ DETE				Change Addition
NAME	8820 SW SR 200		1.2 NAM			
STREET ADDRESS	OCALA FL			ET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELE		- \$1 - ZIP		Change Addition
NAME	ROBERTS, GERI	() V(()	2.2 NAM			T Auguda TT Wondlot
STREET ADDRESS	8820 SW SR 200			ET ADDRESS		
. CITY-ST-ZIP	OCALA FL			7- ST-ZIP		
TITLE	ST	☐ DELE				Change Addition
NAME	ROBERTS, GERI	<del></del>	3.2 NAM			
STREET ADDRESS	8820 SW SR 200			E1 ADDRESS		
CITY-ST-ZIP	OCALA FL			(-ST-ZIP		
TITLE		DELE				Change Addition
NAME			4.2 NA	AE		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIF		
TITLE		☐ DELE	1É 5.1 11TL			Change Addition
NAME			5.2 NAM	t		
STREET ADDRESS			5 3 STRI	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST - ZIF		
TITLE		DELE	TE 611IIL			☐ Change ☐ Addition
NAME			6.2 NAW	ŧ		
STREET ADDRESS			6 3 S1RI	ET ADDRESS		
CITY-ST-ZIP	au partifu that the information our		6.4 C/TY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·

I do 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 suppliemental 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 trusted 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.