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



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## **FILED** Apr 21 1997 8:00am Secretary of State



| FILE NOW: FILIN  | IG FEE AFTER MAY  | F                                  | FILED  |   |                              |   |
|--|---|------------------------------------|--|---|------------------------------|---|
| PROFIT CORPORATION ANNUAL REPORT 1997  FLORIDA DEPARTMENT OF Sandra B. Morthar Secretary of State DIVISION OF CORPORAT |   | <b>Northam</b><br>of State         | i i  | Apr 21 1997 8:00am<br>Secretary of State                                      |                              |   |
| DOCUMENT # J7( Corporation Name LAURA POOSER DESIGN &  |   |                                    |  |   |                              |   |
| 1011 VIRGINIA DR<br>ORLANDO FL 32803   | 1011 VIRGINIA DI<br>ORLANDO FL 321  |                                    |  |   |                              |   |
|  | I A. Marilla  |                                    |  | 3. Date Incorporated or Qualifie 06/01/1987                                   | 05/01/1996                   |   |
| 2. Principal Place of Business 1 940 APPLETON  | 26. Mailing Addr<br>AVE. 26. 940 A  |                                    | TON AVE  | 4. FEI Number 59-2809430  | <del> 1</del>                | oplied For<br>ot Applicable                 |
| Suite, Apt. #, etc.  | Suite, Apt. #,  | elc.                               |  | 5. Certificate of Status Desired  | \$8.75                       | Additional equired                          |
| 2 <br>City & State<br>3  ORLANDO_FL  | City & State  | NDO                                | E4   | Election Campaign Financing     Trust Fund Contribution                       | \$5.00                       | May Be                                      |
| Zip Country 4 82806 25 US  | <b>2</b> (p)  |                                    | Country  | This corporation has liability f     Florida Statutes                         |                              |   |
|  | s of Current Registered Agent   |                                    |  | 10. Name and Address of New SER_LAURA_L, ddress (P.O. Box Number is Not Accep |                              |   |
| SIGNATURE  | ons 607.0502 and 607.1508, Flori<br>In the State of Florida. Such char<br>pt the obligations of, Section 607. | ge was auth<br>0505, Floridi<br>—. | the above-named o  | oration's board of directors. I horeby ac                                     | FL 32                        | Code<br>LBO6<br>ts registered<br>registered |
|  | FICERS AND DIRECTORS  | (NOTE: RO                          | 13.  | ADDITIONS/CHANGES TO OF   |                              | 3S IN 12                                    |
| TITLE P NAME POOSER, LAURA L. STREET ADDRESS 1011 VIRGINIA DR  | Di  | LETE                               | 1.2 NAME   | P<br>Pooser, Laura L.<br><b>P4</b> 0 appleton ave                             | A Change                     | Addition                                    |
| CITY-ST-ZIP ORLANDO FL TITLE NAME STREET ADDRESS   | Dg  | TELE                               | 1 4 City-St-ZiP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS    | DRLANDO, FL 328   | Change                       | Addition                                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS  | □ D£  | LETE                               | 2 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS |   | Change                       | ☐ Addilio                                   |
| CITY-ST-2PP<br>TITLE<br>NAME<br>STREET ADDRESS   | [] DE   | LETE                               | 3 4. City-St-Zip 4.1 Title 4.2 Name 4.3 Street address   |   | Change                       | Additio                                     |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS  | DE  | LETE                               | 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS     |   | Change                       | Additio                                     |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS  | DE  | LETE                               | 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS    |   | ☐ Change                     | Additio                                     |
| CITY-ST-ZIP  | ion supplied with this filing does a  | not qualify fo                     | 6.4 CHTY- ST - ZIP                                       | ited in Section 119.07(3)(i). Florida Statu                                   | ites. 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 eath, 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.