

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J82294**

(6)

1. Corporation Name

LAGUNCORNER, INC.

100001474651

-05/04/95--01003--001

****417.50 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
EDMUND P. HAMPTON
2269 LEE ROAD
WINTER PARK FL 32789

2. Principal Place of Business 2a. Mailing Address
JANE GENNARO
Suite, Apt. #, etc. **JANE GENNARO**
Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

3. Date Incorporated or Qualified **07/09/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2846689** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HAMPTON, EDMUND P.
2269 LEE ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name **JANE GENNARO**
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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE **Jane Gennaro** (NOTE: Registered Agent signature required when reappointing) DATE **2/7/95**

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **THURNHER, FELIX**
STREET ADDRESS **GENERAL GUISSAN-QUAI 34**
CITY - ST - ZIP **ZURICH, SWITZERLAND CH-8002**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Pius Huber**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(b), 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: **Pius Huber, Director**