FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J85715** **(7)**

1. Corporate Name

LAURENDI INC.

Principal Place of Business

% KEY BISCAYNE CABLEVISION
945 CRANDEN BLVD.
KEY BISCAYNE FL 33149

Mailing Address

% KEY BISCAYNE CABLEVISION
945 CRANDEN BLVD.
KEY BISCAYNE FL 33149

2. Principal Place of Business

21
Street Address
22
City & State
23
City | 24 | County | 25

2a. Mailing Address

26
Street Address
27
City & State
28
Zip | 29 | County | 30

3. Date Incorporated or Qualified: **08/05/1987**

3a. Date of Last Report: **03/03/1995**

4. FEI Number: **65-0004613** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAURENDI, VINCENT, SR.
% KEY BISCAYNE CABLEVISION
945 CRANDEN BLVD.
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** | 85 Zip Code

11. Pursuant to the provisions of Section 607.1007, Florida Statutes, the entity named below submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and the registered office before any change are stated below. I hereby certify that the corporation has authorized the execution of this statement. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICER/DIRECTOR

PST
LAURENDI, VINCENT J. SR.
4201 N. OCEAN DR., #607
HOLLYWOOD FL

☐ Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

☐ Change ☐ Addition

14. Effective January 1, 1997, the annual report must be executed by an officer or director of the corporation. To the best of my knowledge and belief, the facts stated in this report are true. Pursuant to Section 817.155, Florida Statutes, I further certify that I am familiar with and authorized to execute this report on behalf of the corporation named herein. Pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, I am the officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-361-6442

CR2E034 (12/95)