

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
1995-1996

APPROVED
AND
FILED

65 JUL -1 11 0:57

REC'D - STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J92283**

(7)

1. Corporation Name

THE LAUREN GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2111 OCEAN BLVD
STUART FL 34996
US**

3. Mailing Address

**2111 SE OCEAN BLVD
STUART FL 34996
US**

3. Date incorporated or Qualified
09/11/1987

3a. Date of Last Report
06/01/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

59-2844468

Applied For

Not Applicable

22. State Agent #

23. City & State

23

26. State Agent #

27. City & State

27

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 ad valorem tax under
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

**THOMAS, JEFFREY F. ESQ.
789 S FEDERAL HWY STE 209
STUART FL 34994**

10. Name and Address of New Registered Agent

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 607.05(2) and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 provisions of Section 607.0505 Florida Statutes.

SIGNATURE

[Signature]

12. I, the undersigned, being a duly qualified agent, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida.

13

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

12.1 NAME

**D
WARD, THOMAS M.
2358 DEEPWOOD PASS
PALM CITY FL**

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP CODE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 NAME

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY & STATE

13.5 ZIP CODE

13.6

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

[Signature]
Thomas M. Ward

[Signature]
July 1, 1995 497.28-0943

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J93171

(3)

1. Corporation Name

ROYAL PALM INTERIORS, INC.

Principal Place of Business

1141 HOLLAND DR
STE 19
BOCA RATON FL 33487
US

Mailing Address

1141 HOLLAND DR
STE 19
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

09/21/1987

04/14/1994

4. FEI Number

59-2840504

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 5-199.035,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALSKY, KENNETH W.
1141 HOLLAND DR. STE 19
BOCA RATON FL 33487

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 190.01 and 190.02, 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 Sections 190.01 and 190.02, Florida Statutes.

SIGNATURE

Signature of person making change of agent or office (File 12)

Signature of Registered Agent (File 10)

86

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MALSKY, KENNETH W
STREET ADDRESS	1141 HOLLAND DR-#19
CITY, STATE, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, STATE, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, STATE, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, STATE, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01 and 190.02, Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 661, Florida Statutes, and that my name appears in Block 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133 or 134 or 135 or 136 or 137 or 138 or 139 or 140 or 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284 or 285 or 286 or 287 or 288 or 289 or 290 or 291 or 292 or 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 or 306 or 307 or 308 or 309 or 310 or 311 or 312 or 313 or 314 or 315 or 316 or 317 or 318 or 319 or 320 or 321 or 322 or 323 or 324 or 325 or 326 or 327 or 328 or 329 or 330 or 331 or 332 or 333 or 334 or 335 or 336 or 337 or 338 or 339 or 340 or 341 or 342 or 343 or 344 or 345 or 346 or 347 or 348 or 349 or 350 or 351 or 352 or 353 or 354 or 355 or 356 or 357 or 358 or 359 or 360 or 361 or 362 or 363 or 364 or 365 or 366 or 367 or 368 or 369 or 370 or 371 or 372 or 373 or 374 or 375 or 376 or 377 or 378 or 379 or 380 or 381 or 382 or 383 or 384 or 385 or 386 or 387 or 388 or 389 or 390 or 391 or 392 or 393 or 394 or 395 or 396 or 397 or 398 or 399 or 400 or 401 or 402 or 403 or 404 or 405 or 406 or 407 or 408 or 409 or 410 or 411 or 412 or 413 or 414 or 415 or 416 or 417 or 418 or 419 or 420 or 421 or 422 or 423 or 424 or 425 or 426 or 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713 or 714 or 715 or 716 or 717 or 718 or 719 or 720 or 721 or 722 or 723 or 724 or 725 or 726 or 727 or 728 or 729 or 730 or 731 or 732 or 733 or 734 or 735 or 736 or 737 or 738 or 739 or 740 or 741 or 742 or 743 or 744 or 745 or 746 or 747 or 748 or 749 or 750 or 751 or 752 or 753 or 754 or 755 or 756 or 757 or 758 or 759 or 760 or 761 or 762 or 763 or 764 or 765 or 766 or 767 or 768 or 769 or 770 or 771 or 772 or 773 or 774 or 775 or 776 or 777 or 778 or 779 or 780 or 781 or 782 or 783 or 784 or 785 or 786 or 787 or 788 or 789 or 790 or 791 or 792 or 793 or 794 or 795 or 796 or 797 or 798 or 799 or 800 or 801 or 802 or 803 or 804 or 805 or 806 or 807 or 808 or 809 or 810 or 811 or 812 or 813 or 814 or 815 or 816 or 817 or 818 or 819 or 820 or 821 or 822 or 823 or 824 or 825 or 826 or 827 or 828 or 829 or 830 or 831 or 832 or 833 or 834 or 835 or 836 or 837 or 838 or 839 or 840 or 841 or 842 or 843 or 844 or 845 or 846 or 847 or 848 or 849 or 850 or 851 or 852 or 853 or 854 or 855 or 856 or 857 or 858 or 859 or 860 or 861 or 862 or 863 or 864 or 865 or 866 or 867 or 868 or 869 or 870 or 871 or 872 or 873 or 874 or 875 or 876 or 877 or 878 or 879 or 880 or 881 or 882 or 883 or 884 or 885 or 886 or 887 or 888 or 889 or 890 or 891 or 892 or 893 or 894 or 895 or 896 or 897 or 898 or 899 or 900 or 901 or 902 or 903 or 904 or 905 or 906 or 907 or 908 or 909 or 910 or 911 or 912 or 913 or 914 or 915 or 916 or 917 or 918 or 919 or 920 or 921 or 922 or 923 or 924 or 925 or 926 or 927 or 928 or 929 or 930 or 931 or 932 or 933 or 934 or 935 or 936 or 937 or 938 or 939 or 940 or 941 or 942 or 943 or 944 or 945 or 946 or 947 or 948 or 949 or 950 or 951 or 952 or 953 or 954 or 955 or 956 or 957 or 958 or 959 or 960 or 961 or 962 or 963 or 964 or 965 or 966 or 967 or 968 or 969 or 970 or 971 or 972 or 973 or 974 or 975 or 976 or 977 or 978 or 979 or 980 or 981 or 982 or 983 or 984 or 985 or 986 or 987 or 988 or 989 or 990 or 991 or 992 or 993 or 994 or 995 or 996 or 997 or 998 or 999 or 1000

SIGNATURE:

Kenneth W Malsky
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428/95 (407) 997-9678
Filing Charge

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Muthmann
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J97116

(4)

1. Corporation Name

TJ'S BODY CONSULTANTS, INC.

Principal Place of Business

**1809 NOTTINGHAM DR
WINTER PARK FL 32792-9229**

Mailing Address

**1809 NOTTINGHAM DR
WINTER PARK FL 32792-9229**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1987	3a. Date of Last Report 04/15/1994
4. FEI Number 59-2851897	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. 196.012, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
3. State, Apt. #, etc. 22	3a. State, Apt. #, etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29

9. Name and Address of Current Registered Agent

**BROWN, TERRY J.
1809 NOTTINGHAM DR
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

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 the 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 607.0503, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Registered Agent's Representative) _____ (Signature of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D BROWN, TERRY J.	1. NAME BROWN, TERRY J.	1. NAME BROWN, TERRY J.	☐ Change ☐ Addition
2. STREET ADDRESS 1809 NOTTINGHAM DR	2. STREET ADDRESS 1809 NOTTINGHAM DR	2. STREET ADDRESS 1809 NOTTINGHAM DR	☐ Change ☐ Addition
3. CITY & STATE WINTER PARK FL	3. CITY & STATE WINTER PARK FL	3. CITY & STATE WINTER PARK FL	☐ Change ☐ Addition
4. NAME PST BROWN, TERRY J.	4. NAME BROWN, TERRY J.	4. NAME BROWN, TERRY J.	☐ Change ☐ Addition
5. STREET ADDRESS 1809 NOTTINGHAM DR	5. STREET ADDRESS 1809 NOTTINGHAM DR	5. STREET ADDRESS 1809 NOTTINGHAM DR	☐ Change ☐ Addition
6. CITY & STATE WINTER PARK FL	6. CITY & STATE WINTER PARK FL	6. CITY & STATE WINTER PARK FL	☐ Change ☐ Addition
7. NAME 	7. NAME 	7. NAME 	☐ Change ☐ Addition
8. STREET ADDRESS 	8. STREET ADDRESS 	8. STREET ADDRESS 	☐ Change ☐ Addition
9. CITY & STATE 	9. CITY & STATE 	9. CITY & STATE 	☐ Change ☐ Addition
10. NAME 	10. NAME 	10. NAME 	☐ Change ☐ Addition
11. STREET ADDRESS 	11. STREET ADDRESS 	11. STREET ADDRESS 	☐ Change ☐ Addition
12. CITY & STATE 	12. CITY & STATE 	12. CITY & STATE 	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 196.012, Florida Statutes. I further certify that the information included in 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 responsible for the filing of this report or supplemental annual report in accordance with the requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or supplemental annual report with an address.

SIGNATURE: _____ **TERRY J. BROWN** **4/30/95** **407-679-4033**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR