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

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

D	OCL	JME	ENT	#	K1	9374	1

1. Corporation Name

LAWSON REALTY, INC.

••••				~	
Р	rincipa	l Place	of B	usine	ess

Mailing Address

8160 NW 93RD STREET MEDLEY FL 33166 8160 NW 93RD STREET MEDLEY FL 33166

2. Principal Place of Business	2a. Mailing Address
27 110 S.E. Leth St.	26 110 S.E. let St.
Suite, Apt. #, etc.	Suite, Apt # etc.
22 L8m Floor	27 Zem Floor
23 H. LAWDERDEL FL	28 Ft. Lauderdale, PL
24 3330 ([25] Country	29 33301 [30] Country
9. Name and Address of Current	and the contract of the contra
0 7 005-05-1-011 01/07011	81 Name

C T CORPORATION SYSTEM %C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Ĩ	1	<u> </u>	1	á
-	i ·			4

99 FEB 25 PH 3: 05

CHARLES OF STATE
TAILAMASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE	DO NOT	WRITE	IN THIS	SPACE
----------------------------	--------	-------	---------	-------

	03/29/1988 4. FEI Number	Applied For Not Applicable
•	65-0043307	Not Applicable
	5. Certificate of Status Desired [.]	\$8.75 Additional Fee Required
e.PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
,	This corporation owes the current year I Personal Property Tax	ntangible []]Yes []No
	10. Name and Address of New Registere	d Agent
Name		
Street Add	lress (P.O. Box Number is Not Acceptable)	

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

в3

84 City

agent to	an terminal with, and account the obligations of, occase	001.0000, 110110	e Canolos.		
SIGNATURE	Standard typed or printed name of registered agont and but if apple ab	e (NOTÉ Re	sjistered Agent signatine i	regared when resistating	DATE
12.	OFFICERS AND DIRECTORS		1 13.		ICERS AND DIRECTORS IN 12
TITLE	DPST	DELETE	TITLE	LARDE W. HUDSON	[Change
NAME	LAWSON, JOHN SR.		12 NAVE	144 C 1 - C 1 - CA	n Floor
STREET ADDRESS	8160 NW 93RD STREET		13 STREET ALORESS	110 S.E. Gar St. 1 21	222-1
CITY-ST-ZIP	MIAMI FL		14 OTY-\$1-7#	Ft. LAUDERDAUE, FL	23201
TITLE		[] DELETE	2.1 TOLE	9	[] Change [] Addition
NAME ¶			2.2 NAME	LAMES H. COSMAN	
STREET DORESS			23 STREET ADDRESS	110 8 8. 6 7 34,	28th FLOOR
CITY-ST-ZIP			2.4 CITY -\$1-7iP	Pt. LANDERDALE,	FL 3,3301
TITLE		[DELETE	311111.6	9 . –	[Change [" Addition
NAME			32 NAME	DAVID L. BARCLA	1 0 th ELDOR.
STREET ADDRESS			3 3 STREET ADDRESS	DAVID R. G. St.	58 11 4 1500
CITY-ST-ZIP			34 CHY-\$1-ZiP	#. LAUDERDALE	MC 33301
TITLE		[] DELETE	4 1 TITLE	T	[Change [] Addition
NAME			4-2 NAME	Edward L. LANG	, lu
STREET ADDRESS			4.3 STREET ADORESS	110 S.E. 6th St.	28th FLOOR
CITY-ST-ZIP			4.4 CiTY-\$1-2iP	H. LAUDURDALE	5, FL 33301
TITLE		[] DELETE	51 THILE	4 800 000 000 000 000	[]Change []Add_bon
NAME			5.2 NAVE	1 00002	/9901030013
STREET ADDRESS			I 5 3 STREET ADORESS		
CITY-ST-ZIP			\$ 4 C/1 Y - \$1 - Z/P	7.7.7.1	50.08 ****150.08
TITLE		[_] DELETE	61 TITLE		[] Change [] Addition
NAME			6 2 NAM		エ リ
STREET ADDRESS			63STREET ADDRESS		
COTY OT 70D	(6.4 CHTY+81+ZIP	1	1 /

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes Hunter certify that the information indicated on this annual report for suppliemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation in the facety 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, and a placement with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OF FICER OR DIRECTOR