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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K63229** **(4)**

1. Corporation Name

LAUDON, INCORPORATED

Principal Place of Business	Mailing Address
C/O DON ALTSHULER 420 EAST S.R. 434 LONGWOOD FL 32750 US	C/O DON ALTSHULER 420 EAST S.R. 434 LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: **02/03/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2930142** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
115A CONCORD DRIVE	115A CONCORD DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CASSELBERRY FL	28 City & State: CASSELBERRY FL
24 Zip: 32707 25 Country: SEMINOLE	29 Zip: 32707 30 Country: SEMINOLE

9. Name and Address of Current Registered Agent

ALTSHULER, DON
420 EAST S.R. 434
LONGWOOD FL

10. Name and Address of New Registered Agent

81 Name: ALTSHULER, DON
82 Street Address (P.O. Box Number is Not Acceptable): 115A CONCORD DRIVE
83
84 City: CASSELBERRY FL 85 Zip Code: 32707

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ALTSHULER, DON		1.2 NAME		
STREET ADDRESS	420 EAST S.R. 434		1.3 STREET ADDRESS	115A CONCORD DRIVE	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ALTSHULER, DON		2.2 NAME		
STREET ADDRESS	420 EAST S.R. 434		2.3 STREET ADDRESS	115A CONCORD DRIVE	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Don Altshuler DON ALTSHULER 4/2/96 (407) 834 6663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #