

**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 # **K72057 (8)**

1. Corporation Name  
**LADY, INC.**



Principal Place of Business: **4913 ALFRESCO ST BOCA RATON FL 33428**  
Mailing Address: **4913 ALFRESCO ST BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **03/10/1989**  
3a. Date of Last Report: **02/28/1995**

21. Principal Place of Business <b>LADY INC</b> Suite, Apt. #, etc.	2a. Mailing Address <b>LADY INC</b> <b>22860 Ponderosa Drive</b>	4. FEI Number <b>65-0198273</b>	Applied For <input type="checkbox"/> Not Applicable
22. <b>22860 PONDEROSA DRIVE</b> City & State	27. <b>BOCA RATON FL 33428</b> City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. <b>BOCA RATON FL 33428</b> Zip Country	28. <b>BOCA RATON FL 33428</b> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. <input type="checkbox"/>	25. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**REYES, GARY L.**  
**4913 ALFRESCO ST.**  
**SUITE 117**  
**BOCA RATON FL 33429**

81. Name: **REYES GARY L**  
82. Street Address (P.O. Box Number is Not Acceptable): **22860 PONDEROSA DRIVE**  
83. **BOCA RATON FL 33428**  
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PT</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REYES, GARY LEE</b>		1.2 NAME: <b>REYES GARY LEE</b>	
STREET ADDRESS: <b>4913 ALFRESCO ST.</b>		1.3 STREET ADDRESS: <b>22860 PONDEROSA DRIVE</b>	
CITY-ST-ZIP: <b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP: <b>BOCA RATON FL 33428</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VS</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>VS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>REYES, NANCY</b>		2.2 NAME: <b>REYES NANCY</b>	
STREET ADDRESS: <b>4913 ALFRESCO ST.</b>		2.3 STREET ADDRESS: <b>22860 PONDEROSA DRIVE</b>	
CITY-ST-ZIP: <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP: <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		3.2 NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		4.2 NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	

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: \_\_\_\_\_ Date: **2-21-96** Daytime Phone #: **407-482-7124**

CRE034 (12/95)