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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K78174** **(5)**

1. Corporation Name
DAVID LASTER INC.

Principal Place of Business	Mailing Address
325 CALUSA DR KEY LARGO FL 33037	PO BOX 1401 KEY LARGO FL 33037-1401

3. Date Incorporated or Qualified: 03/29/1989
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21: 47 JENNY LN
22 Suite, Apt. #, etc: KEY LARGO
23 City & State: FLORIDA
24 Zip: 33037
25 Country: MONROE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-5944102 ☐ 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

LASTER, DAVID
325 CALUSA DR
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name: HELEN TUTON
82 Street Address (P.O. Box Number is Not Acceptable): 2217 MERRITT PARK DR
83: ORLANDO
84 City: ORLANDO FL 85 Zip Code: 32803

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: Helen Tuton
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LASTER, DAVID		1.2 NAME		
STREET ADDRESS	325 CALUSA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LASTER, BRET		2.2 NAME		
STREET ADDRESS	325 CALUSA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☑ Addition
NAME	RIESCH, LEE		3.2 NAME	ERNIE ROBINSON	
STREET ADDRESS	15 PIGEON DR		3.3 STREET ADDRESS	311 RYAN	
CITY-ST-ZIP	KEY LARGO FL 33037		3.4 CITY-ST-ZIP	KEY LARGO FL 33037	
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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Laster DAVID LASTER 1/6/97 305 451 1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #