

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550**

**FILED**  
**Apr 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT STATE <b>Sandra B. Mohr</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L57133 (5)**

1. Corporation Name  
**FRANK O. LAWSON, INC.**



Principal Place of Business <b>C/O FRANK O. LAWSON                  1216 NORTH "E" ST.                  LAKE WORTH FL 33460</b>	Mailing Address <b>C/O FRANK O. LAWSON                  1216 NORTH "E" ST.                  LAKE WORTH FL 33460-2065</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>03/09/1990</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>65-0195362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAWSON, FRANK O.  
 1216 NORTH "E" ST.  
 LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code **85**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, FRANK O.</b>	1.2	
STREET ADDRESS	<b>1216 NORTH "E" ST.</b>	1.3 ADDRESS	
CITY- ST- ZIP	<b>LAKE WORTH FL</b>	1.4 C- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	
STREET ADDRESS		2.3 ADDRESS	
CITY- ST- ZIP		2.4 C- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3 ADDRESS	
CITY- ST- ZIP		3.4 C- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3 ADDRESS	
CITY- ST- ZIP		4.4 C- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3 ADDRESS	
CITY- ST- ZIP		5.4 C- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3 ADDRESS	
CITY- ST- ZIP		6.4 C- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports is true and correct 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 file 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: **4/12/97** DAYTIME PHONE: **585-6109**

CP2E034 (9/96)