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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

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Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L64810

(9)

LAUJER, INC.

SIGNATURE:

Principal Plac							
	re of Business	Mailing Address			( 100(100) 0)0 01111 01001 (010) 11011	11811 21 <b>2</b> (1 212(1 418)1 616(1 216)	1 (44)
VAUTHRIN. PATRICK		VAUTHRIN. PATRICK					
612 NE 3RD AV POMPANO BEA		612 NE 3RD AVE POMPANO BEACH I	FL 33060-6116				
US	,,,,,,,	US			3. Date Incorporated or Qualified	3a. Date of Last Rep	ort
					04/11/1990	07/02/1996	
2. Principal P	Place of Business	2a. Mailing Addres	SS		4. FEI Number	Appli	ed For
21	,	26			65-0192333		Applicable
Suite, Apt	#. etc.	Suite, Apt #, e	tc.		5. Certificate of Status Desired	\$8.75 Add	
City R State	to	City & State				Fee Requ	
City & Stat	ie.	28			Election Campaign Financing     Trust Fund Captibution	\$5.00 M:	
<b>23</b>   Zip	Country	<b>Zi</b> p	Cc	ountry	Trust Fund Contribution  8. This corporation has liability for i		
24	25	29	30	,		Yes No	99.032,
•	g. Name and Address of Curre				10. Name and Address of New Re		
VALI	ITHRIN, CHRIS			81 Name			
	N.E. 3RD AVENUE		82		TACKSON CHRIS treet Address (P.O. Box Number is Not Acceptable)		
	APANO BEACH FL 33060			OZ SHEEL A	duress (F.O. Box Number is Not Acceptab	ne)	
1 011	MI ANO DEACH I'E GOOD			83			
				-		1221 70 20	-1-
				84 City		FL 85 Zip Co	oe
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida	Statutes, the	above-named (	corporation submits this statement for the p	urpose of changing its r	egistered
office or i	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida, Such change nations of Section 607.0/	e was authoriza 505 - Florida St	red by the corplatutes.	oration's board of directors. I hereby accept	ot the appointment as re	gistered
	ME	Janean of Contract of the		4.0.00			
SIGNATURE	Sylverise by no design to differential agreement ag	jeof and tille 1 appocable	(NOTE Register	red Agent signature o	required when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC		_
TITLE	OS	DELE	ETE 11	TIFLE		Change [	Addition
NAME	VAUTHRIN, CHRIS		12	NAME	JACKSON CHRIS		
STREET ADDRESS	T 12 11 21 21 21 21 21 21 21 21 21 21 21		13	STREET ADDRESS			
City-St-7iP	POMPANO BEACH FL			CITY - ST - ZIP		······································	••••
गार	DPT	L_1 DELE		TITLE		L. Change	Addition
NAME	VAUTHRIN, PATRICK J.		22	NAME			
PERCENT ADDRESS				NAME.			
STREET ADDRESS	612 N. E. 3RD AVENUE			STREET ADDRESS			
CITY-\$1-ZIP	612 N. E. 3RD AVENUE POMPANO BEACH FL		23 2.4	STREET ADDRESS I CHY-ST-ZIP			
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