

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L96324** (3)
1. Corporation Name
LARGE LARS, INC.

Principal Place of Business Mailing Address
C/O STUARTS. LOBBY
4611 S UNIVERSITY DR., SUITE 165
DAVIE FL 33328

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt., etc. 26. **15955 E, WIND CR.**
22. City & State 27. **FT. LAUDERDALE, FL**
23. Zip 28. **33326** 29. **BROWARD**
24. Country 25. **FL** 30. **DAVIE**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Organized 3a. Date of Last Report
08/27/1990 **05/01/1994**
4. FEIN Number Applied For
65-0285986 Not Applicable
5. Certificate of Status Designation **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation is liable for intangible tax under S. 189.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
HINSON, WILLIAM LAWRENCE
4611 S UNIVERSITY DR., SUITE 165
DAVIE FL 33328
81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0400 and 607.1600, 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. It hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0400, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: PST	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: HINSON, WILLIAM L	2. NAME:
3. STREET ADDRESS: 15955 E WIND CIR	3. STREET ADDRESS:
4. CITY, ST, ZIP: FT. LAUDERDALE FL	4. CITY, ST, ZIP:
5. TITLE: D	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: HINSON, WILLIAM L	6. NAME:
7. STREET ADDRESS: 15955 E WIND CIR	7. STREET ADDRESS:
8. CITY, ST, ZIP: FT. LAUDERDALE FL	8. CITY, ST, ZIP:
9. TITLE:	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	10. NAME:
11. STREET ADDRESS:	11. STREET ADDRESS:
12. CITY, ST, ZIP:	12. CITY, ST, ZIP:
13. TITLE:	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	14. NAME:
15. STREET ADDRESS:	15. STREET ADDRESS:
16. CITY, ST, ZIP:	16. CITY, ST, ZIP:
17. TITLE:	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	18. NAME:
19. STREET ADDRESS:	19. STREET ADDRESS:
20. CITY, ST, ZIP:	20. CITY, ST, ZIP:
21. TITLE:	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	22. NAME:
23. STREET ADDRESS:	23. STREET ADDRESS:
24. CITY, ST, ZIP:	24. CITY, ST, ZIP:

10001928181 Change Addition
-08/21/96--01035--006
*****225.00**

SIGNATURE: W. J. Hinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-96
D. J. Hinson
8/21/96