

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Martin
Secretary of State

1995

DOCUMENT # M70325

(9)

FOREVER LAURA, INC.

RECEIVED
TALLAHASSEE
FLORIDA

**1241 MELISSA LANE
DAVE FL 33325**

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DAVE FL 33325**

3. Date of Incorporation or Organization	02/26/1988	3a. Date of Last Report	06/07/1994
4. File Number	65-0031495	Applied For	Not Applicable
5. Certificate of Status (Owner)		\$8.75 Additional	Fee Required
6. Election Campaign Financing		\$5.00 May Be	Added to Fees
7. Election Campaign Financing			
8. The Corporation or Organization is a Foreign Corporation or Organization			

2. Name of Corporation or Organization	2a. Mailing Address
21. State of Incorporation or Organization	26. State of Mailing Address
22. City or County	27. City or County
23. Zip Code	28. Zip Code
24. Name of Current Registered Agent	29. Name of New Registered Agent

9. Name and Address of Current Registered Agent

**FREEMAN, RANDI
1241 MELISSA LANE
DAVE FL 33325**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City or County
84. State
85. Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

Signature of Officer or Director: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: PTS FREEDMAN, RANDI 1241 MELISSA LANE DAVE FL	1. NAME 2. STREET ADDRESS 3. CITY OR COUNTY 4. STATE 5. ZIP CODE 6. CHANGE ☐ ADDITION ☐
	7. NAME 8. STREET ADDRESS 9. CITY OR COUNTY 10. STATE 11. ZIP CODE 12. CHANGE ☐ ADDITION ☐
	13. NAME 14. STREET ADDRESS 15. CITY OR COUNTY 16. STATE 17. ZIP CODE 18. CHANGE ☐ ADDITION ☐
	19. NAME 20. STREET ADDRESS 21. CITY OR COUNTY 22. STATE 23. ZIP CODE 24. CHANGE ☐ ADDITION ☐
	25. NAME 26. STREET ADDRESS 27. CITY OR COUNTY 28. STATE 29. ZIP CODE 30. CHANGE ☐ ADDITION ☐
	31. NAME 32. STREET ADDRESS 33. CITY OR COUNTY 34. STATE 35. ZIP CODE 36. CHANGE ☐ ADDITION ☐
	37. NAME 38. STREET ADDRESS 39. CITY OR COUNTY 40. STATE 41. ZIP CODE 42. CHANGE ☐ ADDITION ☐
	43. NAME 44. STREET ADDRESS 45. CITY OR COUNTY 46. STATE 47. ZIP CODE 48. CHANGE ☐ ADDITION ☐
	49. NAME 50. STREET ADDRESS 51. CITY OR COUNTY 52. STATE 53. ZIP CODE 54. CHANGE ☐ ADDITION ☐
	55. NAME 56. STREET ADDRESS 57. CITY OR COUNTY 58. STATE 59. ZIP CODE 60. CHANGE ☐ ADDITION ☐

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the facts as the same appear from the records of the corporation, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE: _____

5-1-95 (Signature)