

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M78265 (9)
1. Corporation Name

THE PETER LAWRENCE COMPANY, INC.

Principal Place of Business	Mailing Address
C/O Peter Lawrence COMM RE 4710 EISENHOWER BLVD C-1 TAMPA, FLORIDA 33634	C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD C-1 TAMPA, FLORIDA 33634

3. Date Incorporated or Qualified 04/27/1988	3a. Date of Last Report 03/29/1995
4. FEI Number 59-2892979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Country	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOROWITZ, LAWRENCE D 4710 EISENHOWER BLVD C-1 TAMPA, FLORIDA 33634				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

1. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOROWITZ, LAWRENCE D			1.2 NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			1.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FLORIDA 33634			1.4 CITY - ST - ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMS, ALLAN			2.2 NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			2.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FLORIDA 33634			2.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, JAMES J			3.2 NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			3.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FLORIDA 33634			3.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMS, ELAINE			4.2 NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			4.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FLORIDA 33634			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			5.3 STREET ADDRESS	300001819363		
CITY - ST - ZIP	TAMPA, FLORIDA 33634			5.4 CITY - ST - ZIP	-05/14/96--01006--010		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address

SIGNATURE: Lawrence D. Horowitz DATE: _____ 813 889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #