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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M96900 (9)

1. Corporation Name
LAUDERDALE INDUSTRIAL AREAS, INC.



Principal Place of Business Mailing Address
C/O WILLIAM P. SKLAR C/O WILLIAM P. SKLAR
777 S FLAGLER DR #202 PHILLIPS PT E TWR 777 S FLAGLER DR #202 PHILLIPS PT E TWR
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6161

3. Date Incorporated or Qualified 09/01/1988 3a. Date of Last Report 04/26/1996
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SKLAR, WILLIAM P. 81 Name
777 S. FLAGLER DRIVE #202 82 Street Address (P.O. Box Number is Not Acceptable)
PHILLIPS POINT EAST TOWER
WEST PALM BEACH FL 33401 83
84 City FL 85 Zip Code

11. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SKLAR, WILLIAM P. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, WILLIAM P.	1.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR. #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	D SKLAR, LEONARD E. <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, LEONARD E.	2.2 NAME	Leonard SKLAR
STREET ADDRESS	1430 S. OCEAN BLVD.	2.3 STREET ADDRESS	3401 N. Country Club Drive
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Aventura, Fla. 33180
TITLE	D SKLAR, HOWARD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, HOWARD	3.2 NAME	HOWARD SKLAR
STREET ADDRESS	1995 N.W. 92ND TERRACE	3.3 STREET ADDRESS	81 Seminola Blvd
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Casselberry, Fla. 32707
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address.

SIGNATURE: *William P. Sklar* - William P. Sklar 1-27-97 561-655-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)