

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

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # **P30092** (1)

1. Corporation Name
LAWBUCK APARTMENTS, INC.



Principal Place of Business Mailing Address
P.O. BOX 504 LOT 236 FERGUSON AVE MONTEGO BAY NO.2. JAMAICA.W. **P.O. BOX 504 LOT 236 FERGUSON AVE MONTEGO BAY NO.2. JAMAICA.W.**

3. Date Incorporated or Qualified **07/10/1990** 3a. Date of Last Report **07/19/1995**
4. FEI Number **11-2920750** 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 **P.O. Box 504**
22 City & State 27 **Lot 263 Ferguson Ave**
23 Zip Country 28 **Montego Bay NO 2**
24 25 29 30 **JAMAICA**

9. Name and Address of Current Registered Agent

TYSON, ROY
1500 N.W. 134TH STREET
NORTH MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	LAWSON, RICHARD A.
STREET ADDRESS	LOT 263 FERGUSON AVE
CITY-ST-ZIP	MONTEGO BAY, JAMAICA
TITLE	SD <input type="checkbox"/> DELETE
NAME	LAWSON, RICHARD F.
STREET ADDRESS	LOT 21 CLAUDE-CLARKE AVE
CITY-ST-ZIP	MONTEGO BAY, JAMAICA
TITLE	D <input type="checkbox"/> DELETE
NAME	LAWSON, DAPHNE A.
STREET ADDRESS	LOT 263 FERGUSON AVE.
CITY-ST-ZIP	MONTEGO BAY, JAMAICA
TITLE	D <input type="checkbox"/> DELETE
NAME	NOVA, HENRY A.
STREET ADDRESS	LOT 16 TORADO DRIVE
CITY-ST-ZIP	MONTEGO BAY, JAMAICA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *Richard F. Lawson* **RICHARD F. LAWSON** April 11 1996 809 952 5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)