


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998 P30092	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
---	--

FILED
 98 NOV 30 AM 10:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *Lawback Apartments*
 1. Corporation Name
P30092
90 Roy Tyson 1500 N.W. 134th Street Miami FL 33167

Principal Place of Business
14920-30 N.E.
11 Coast North Miami
FL 33167

Mailing Address

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	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Roy Tyson
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) *200002705132-3*

83 City *12/07/98-01149-021*

84 City ****550.00 ***550.00*

85 Zip Code **FL**

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 *Richard Lawson* DATE *10/8/98*

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	<i>Richard Lawson</i>	<i>President P.O. Box 504, N/A</i>	<i>Montego Bay 2 Jamaica W.I.</i>
<input type="checkbox"/> DELETE	<i>Dr. Richard F. Lawson</i>	<i>P.O. Box 504 Montego Bay 2, N/A</i>	<i>Jamaica W.I.</i>
<input type="checkbox"/> DELETE	<i>Daphne Lawson</i>	<i>P.O. Box 504 Montego Bay 2</i>	<i>Jamaica W.I. N/A</i>
<input type="checkbox"/> DELETE	<i>Nova Lawson</i>	<i>P.O. Box 504 Montego Bay 2</i>	<i>Jamaica W.I. N/A</i>
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>PRESIDENT.</i>	<i>Richard Lawson P.O. Box 504 Montego Bay 2, N/A</i>	<i>President. No changes, N/A</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Lawson* DATE *10/8/98* 948 3871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)