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Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000002348 (0)

1. Corporation Name

LAURIE INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 580201  
ORLANDO FL 32858-0201  
US

P.O. BOX 580201  
ORLANDO FL 32858-0201  
US

3. Date Incorporated or Qualified  
10/30/1992

3a. Date of Last Report  
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 509 8th Ave W

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palmetto, FL

24 34221 25 U.S.A.

28 Zip Country  
29 Zip Country  
30

4. FEI Number  
65-0369164

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURIE, MARK G  
3956 WEST COLONIAL DRIVE  
COMFORT INN WEST  
ORLANDO FL 32808

81 Name

MARK G. LAURIE

82 Street Address (P.O. Box Number is Not Acceptable)

1788 N. Hiawasse

83

84 City

ORLANDO

FL

85 Zip Code  
32818

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 MARK LAURIE

PRESIDENT

2/10/97

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 CPST  
NAME LAURIE, MARK G  
STREET ADDRESS 1788 N HIAWASSEE RD  
CITY-ST-ZIP ORLANDO FL

TITLE VD  
NAME LAURIE, PATRICIA S  
STREET ADDRESS 1788 N HIAWASSEE RD  
CITY-ST-ZIP TAMPA FL

TITLE VD  
NAME KOUSSEFF, BORIS G  
STREET ADDRESS 14404 BURGUNDY SQUARE  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

VD  
LAURIE, PATRICIA S  
13348 BELLAMAY BLVD  
DADE CITY, FL 33525

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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.

CR2E034 (9/96)