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

PROFIT CORPORATION ANNUAL REPORT



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

1996	
DOCUMENT # 1. Corporation Name	F

P93000063660 (3)

LAWIE	EC INTERNATIONAL INC.				
Principal Place	of Business	Mailing Address		E ROBELLOUE ILO HARAD OTALI BOULL DANIE BOI	II OOTIO EIKAR IIIIO OIIIO OKKA OOKI 1001
#217		611 WYMORE RO. #217			
		WINTER PARK FL	32/89	09/07/1993	Date of Last Report 06/20/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3195449	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25	29	30	Florida Statutes 🔀 Yes 🔲	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name		
	r, robert More road		82 Street A	ddress (P.J. Box Number is Not Acceptable)	
#217			83		
WINTER	R PARK FL 32789		84 City		FL 85 Zip Corte
or registere familiar with SIGNATURE	d agent, or both, in the State of Floric , and accept the obligations of, Sect	3a. Such change was autho on 607.0506, Florida Statu	rized by the comparation's b	poration submits this statement for the purpose oaro of directors. I hereby accept the appointm	of changing its registered office ent as registered agent. I am
1 2 ,	grantite, typed or professional and registered ages." OFFICERS AND		##### Hage Yerse Agent signal wares		AND DIDESTORS ALLO
TITLE	PD OFFICERS AND	DELETE	1 1 T-TLE	ADDITIONS/CHANGES 10 OFFICER	S AND DIRECTORS IN 12 Change X Addition 32714 Change Addition
NAME	BANKER, ROBERT		1.2 NAME	CHAIRMAN/TREASURER	Citalide (V) Vanigation:
STREET ADDRESS	611 WYMORE RD. #217		1 3 STREET ADDRESS	JAMES J. BARTOLI	(§)
City - St - ZiF	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	1251 LEATHERWOOD DRIVE	
TITLE		☐ DELETE	2 1 TITLE	ALTAMONTE SPRINGS, FL.	32714 Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-SI-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CITY - ST - ZIP		
TillE		☐ DELETE	4 1 T(T), F		Change Addition
NAME			4.2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-Z/P			4 4 CHTY - ST - ZIP		
TITLE		□ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEE! ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEFT 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 acquair 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 15 of changes, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF PRINKER