## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1600 NE DIXIE HIGHWAY

JENSEN BEACH FL 34957

Suite, Apt. #, etc.

2a. Mailing Address

City & State

BLDG. 2-206

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28 Zip

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Country

81 Name

82

83

84 City

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## DOCUMENT # P93000072139

Country

9. Name and Address of Current Registered Agent

25

LASSISE, LAURA LEE

1600 NE DIXIE HIGHWAY

JENSEN BEACH FL 34957

**BLDG 20206** 

SIGNATURE:

LAURA LEE LASSISE, INC.

Principal Place of Business

1600 NE DIXIE HIGHWAY

JENSEN BEACH FL 34957

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

BLDG. 2-206

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23

24

12.

Zip

SIGNATURE Signature, nywed or princed name or registered agent and title if applicable (NOTE: Negistered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME LASSISE, LAURA LEE NAME BODG. 2-206, 1600 NE DIXIE HWY 1.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CDY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 13 if changed, or on an attachment with an address, with all gither like empowered.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90237 006 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/11/1993 4. FEI Number Applied For 65-0440398 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired ≁Fee Required~ \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 85 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 firmiliar with, and accept the obligations of Section 607.0505, Florida Statutes. - DATE