

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000088551 (5)**

1. Corporation Name

LAWRENCE OAKS - ORIOLE, INC.



Principal Place of Business

1690 S CONGRESS AVE
DELRAY BEACH FL 33445

Mailing Address

1690 S CONGRESS AVE
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEVY, RICHARD D
1960 S CONGRESS AVE
DELRAY BEACH FL 33445

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 607.002 and 607.1503, Florida Statutes, the above named corporation hereby makes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was a demand 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 607.002, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or Treasurer

PAR

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, MARK	
STREET ADDRESS	1690 S. CONGRESS AVE., SUITE 200	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	NUNEZ, ANTONIO	
STREET ADDRESS	1690 S. CONGRESS AVE., SUITE 200	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUBSHMAN, E.E.	
STREET ADDRESS	1690 S. CONGRESS AVE., SUITE 200	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEVY, RICHARD D	
STREET ADDRESS	1690 S. CONGRESS AVE SUITE 200	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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***200.00

14. I, the undersigned, hereby certify that the information supplied on this form is true and correct, and that I am an officer or director of the corporation or a person authorized to execute this report to comply with Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not a registered agent with an address.

SIGNATURE: *[Signature]* A. Nunez, Sr. Vice President 03/28/96 (407) 274-2000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

pm 3-30-1996