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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000004020 (1)**

1. Corporation Name

LAWRENCE P. LATAIF, P.A.

Principal Place of Business

**5100 N. FEDERAL HIGHWAY
SUITE 202
FT. LAUDERDALE FL 33308
US**

Mailing Address

**5100 N. FEDERAL HIGHWAY
SUITE 202
FT. LAUDERDALE FL 33308
US**

2. Principal Place of Business

2a. Mailing Address

21 **5100 N. Federal Highway** 26 **5100 N. Federal Highway**

State, Apt. #, etc.

State, Apt. #, etc.

22 **Suite 202**

27 **Suite 202**

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Zip

24 **33308**

Country

Country

25 **USA**

29 **33308**

30 **USA**

9. Name and Address of Current Registered Agent

**LATAIF, LAWRENCE P
5100 N. FEDERAL HIGHWAY
SUITE 202
FT. LAUDERDALE FL 33308**

81 Name

Lawrence P. Lataif

82

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

5100 N. Federal Highway

83

Suite 202

84

City

Ft. Lauderdale

FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 130.01 and 130.02, 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 will be effective only if the corporation's board of directors, the duly elected the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(1), Florida Statutes.

SIGNATURE

LAWRENCE P. LATAIF

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D LATAIF, LAWRENCE P**
STREET ADDRESS **2504 N.E. CENTER AVE.**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33305**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

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STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

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3. TITLE

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7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

9. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied by me is true and correct, and does not qualify for the exemption provided in Section 118.02(4)(b), Florida Statutes. I further certify that the information included on this annual report is supplemental, and does not constitute a separate report, 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, and that my signature is for the purpose of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an official report with an address.

SIGNATURE:

Lawrence Lataif, Pres.

4-9-96

(954) 776-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE P. LATAIF, President

CR2E034 (12/95)