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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000004020 (1)

1. Corporation Name

LAWRENCE P LATAIF, P.A.

Principal Place of Business

5100 N FEDERAL HWY  
SUITE 202  
FT. LAUDERDALE FL 33308  
US

Mailing Address

5100 N FEDERAL HWY  
SUITE 202  
FT. LAUDERDALE FL 33308-3842  
US

3. Date Incorporated or Qualified

01/14/1994

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21 5100 N. Fed. Hwy.

22 Suite, Apt. #, etc.  
Suite 202

23 City & State  
Ft. Lauderdale, FL

24 Zip Country  
33308 USA

2a. Mailing Address

26 5100 N. Fed. Hwy.

27 Suite, Apt. #, etc.  
Suite 202

28 City & State  
Ft. Lauderdale, FL

29 Zip Country  
33308 USA

4. FEI Number

65-0460727

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

LAWRENCE P LATAIF  
5100 N FEDERAL HWY  
SUITE 202  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name  
Lawrence P. Lataif

82 Street Address (P.O. Box Number is Not Acceptable)  
5100 N. Fed. Hwy.

83 Suite 202

84 City  
Ft. Lauderdale

FL

85 Zip Code  
33308

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

LAWRENCE P. LATAIF

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

LAWRENCE P. LATAIF

1-13-97

954-776-5777

Date

Daytime Phone #

0265219

CR2E034 (9/96)