

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:32

DOCUMENT # P94000029486 (5)

1. Corporation Name

LASH MANAGEMENT CORP.

Principal Place of Business

Mailing Address

2521 NW 63RD ST.
BOCA RATON FL 33496

2521 NW 63RD ST.
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2521 NW 63RD ST

26

4. FEI Number

65 049 9627

Applied For

Not Applicable

22 State Apt # etc

27 State Apt # etc

5. Certificate of Status Desired

LL

\$8.75 Additional Fee Required

23 City & State

Boca Raton Florida

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

33496

25 Country

USA

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

81 Name

ARNOLD MIDVANSKY

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

2521 N.W. 63RD ST

83

84 City

Boca Raton Florida FL

85 Zip Code

33496

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

Arnold Midvansky ARNOLD MIDVANSKY

2/18/94

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES
NAME ARNOLD MIDVANSKY
STREET ADDRESS 2521 NW 63RD ST
CITY ST ZIP BOCA RATON FLORIDA 33496

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TREASURER
NAME ARNOLD M. MIDVANSKY
STREET ADDRESS 2521 N.W. 63RD ST
CITY ST ZIP BOCA RATON FLORIDA 33496

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V.P.
NAME STEVEN MIDVANSKY
STREET ADDRESS 3148 N.W. 56 ST
CITY ST ZIP BOCA RATON FLORIDA 33496

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SEC
NAME DR LAWRENCE L. PURANUS
STREET ADDRESS 2870 WILSONNESS ROAD
CITY ST ZIP WEST PALM BEACH FLORIDA 33411

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arnold Midvansky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/94

401-211-7133