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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

**DOCUMENT #** P94000034043 (7)

1. Corporation Name

PETER LAWRENCE DEVELOPMENT CORP.

Principal Place of Business

C/O Peter Lawrence COMM RE
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

Mailing Address

C/O PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

3. Date Incorporated or Qualified: 05/05/1994

3a. Date of Last Report:

4. FEI Number: 59-3253169 — Applied For / Not Applicable

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 — Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 — Country — 30

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**

HOROWITZ, LAWRENCE D
4710 EISENHOWER BLVD
C-1
TAMPA, FLORIDA 33634

**10. Name and Address of New Registered Agent**

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | HOROWITZ, LAWRENCE D | |
| STREET ADDRESS | 4710 EISENHOWER BLVD | |
| CITY-ST-ZIP | TAMPA, FLORIDA 33634 | |
| TITLE | D | ☐ DELETE |
| NAME | ABRAMS, ALLAN | |
| STREET ADDRESS | 4710 EISENHOWER BLVD | |
| CITY-ST-ZIP | TAMPA, FLORIDA 33634 | |
| TITLE | D | ☐ DELETE |
| NAME | LLEWELLYN, ROBERTA | |
| STREET ADDRESS | 4710 EISENHOWER BLVD | |
| CITY-ST-ZIP | TAMPA, FLORIDA 33634 | |
| TITLE | P | ☐ DELETE |
| NAME | SHAPIRO, JAMES J | |
| STREET ADDRESS | 4710 EISENHOWER BLVD | |
| CITY-ST-ZIP | TAMPA, FLORIDA 33634 | |
| 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 | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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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)(x), 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:** _____ Date _____ Daytime Phone # 813 889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE D. HOROWITZ