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 #

P94000047465 (7)

LAWRENCE LAKES DEVELOPMENT, INC.

Principal Place of Business Mailing Address				e saderader ein saner bibit deren natere	ABIST OPITA GABLI CABIS DI AM BUINI MITA FAKT
2523 MARSEI PALM BEACH	ILLES DRIVE H GARDENS FL 33410	2523 MARSEILLES DRI PALM BEACH GARDEN			
				3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	+ AtA	26 Suite, Apt. #, etc.		65-0528363	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Feo Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for it	Added to Fees
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
	i, adam l		82 Street Add	Iress (P.O. Box Number is Not Acceptable	le)
900 NORTH FEDERAL HIGHWAY				7000 V 101 001 1101 1101 1101 1101 1101	
SUITE 380			83		
BOCA R	ATON FL 33432		84 City		85 Zip Gode
			'		FL
 Pursuant to or registers 	o the provisions of Sections 607.050 ed agent, or both, in the State of Fic	02 and 607,1508, Florida Statute	es, the above-named corpo	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered office
familiar with	h, and accept the obligations of, Se	ction 607.0505, Florida Statutes	i.	no or anoctors. Prioropy tocopy the appe	antitribini as registere agent, i am
SIGNATURE .		Third A.			
12.	Signature typed or printed name of registered age	ent and title If applicable. (NO IND DIRECTORS	OTE: Registered Agent signature require		OFFIC AND DIDECTORS IN 10
TOTLE	D OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	BERMAN, RONALD	End Decere	1.2 NAME		The purple the recomment
STREET ADDRESS	2523 MARSEILLES DRIVE				
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	17	["] DELETE	2 1 TITLE		Change Addition
NAME		_	2 2 NAME		المراجعة الم
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		- · -
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S!-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAMÉ			5.2 NAME		
STREET ADDRESS	i i		5.3 STREET ADORESS		
CITY - ST - ZIP		□ DELETE	5 4 CITY-ST-ZIP		
TULE		☐ DEFELE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	codify that the information supplier	I with this filing is voluntarily furni	6 4 City-ST-ZiP	for the exemption stated in Section 119.0	2000 Classes District Lindher
certify that to oath; that I	the information indicated on this and	nual report or supplemental annu poration or the receiver or trustee	ual report is true and accura e empowered to execute thi	ate and that my signature shall have the sis report as required by Chapter 607, Flo	same legal effect se if made under

Novald BERMAN 4/26/96 407 734-1816
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