FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:48

DOCUMENT # P94000052865 (0)

1. Corporation Name
LOURON & ASSOCIATES, INC.

Principal Place of Business
~~21408 W. DIXIE HWY.~~ 2835 Hollywood Blvd. 4th Floor
N. MIAMI BEACH FL 33180
Hollywood, FL 33020

Mailing Address
~~21408 W. DIXIE HWY.~~ 2835 Hollywood Blvd - 4th Floor
~~N. MIAMI BEACH FL 33180~~ Hollywood, FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2835 HOLLYWOOD BLVD
22 Suite, Apt #, etc: 4th FLOOR
23 City & State: HOLLYWOOD, FL
24 Zip: 33020
25 Country:

2a. Mailing Address
26 2835 HOLLYWOOD BLVD
27 Suite, Apt #, etc: 4th FLOOR
28 City & State: HOLLYWOOD, FL
29 Zip: 33020
30 Country:

4. FEI Number: 65-0507203 ☐ 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

SAVAGE, CRAIG D
1001 N.E. 167TH ST., SUITE 302-A
N. MIAMI BEACH FL 33162

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WERNER, RONALD K	1.2 NAME	WERNER, RONALD K
STREET ADDRESS	21408 W. DIXIE HWY.	1.3 STREET ADDRESS	2835 Hollywood Blvd. - 4th Floor
CITY ST ZIP	N. MIAMI BEACH FL 33180	1.4 CITY ST ZIP	Hollywood, FL 33020
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	LEO, LOU	2.2 NAME	LEO, LOU
STREET ADDRESS	21408 W. DIXIE HWY.	2.3 STREET ADDRESS	2835 Hollywood Blvd - 4th Floor
CITY ST ZIP	N. MIAMI BEACH FL 33180	2.4 CITY ST ZIP	Hollywood, FL 33020
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	WERNER, RITA	3.2 NAME	WERNER, RITA
STREET ADDRESS	21408 W. DIXIE HWY.	3.3 STREET ADDRESS	2835 Hollywood Blvd, 4th Floor
CITY ST ZIP	N. MIAMI BEACH FL 33180	3.4 CITY ST ZIP	Hollywood, FL 33020
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	LEO, LISA	4.2 NAME	LEO, LISA
STREET ADDRESS	21408 W. DIXIE HWY.	4.3 STREET ADDRESS	2835 Hollywood Blvd - 4th Floor
CITY ST ZIP	N. MIAMI BEACH FL 33180	4.4 CITY ST ZIP	Hollywood, FL 33020
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(k), 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: Ronald K Werner Pres — 4/28/95 — 305-923-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RONALD K. WERNER, Pres

0107022 CP