

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000081548

1. Corporation Name
LAZ INCORPORATED

Principal Place of Business
303 N RIVERSIDE DR
SUITE 104
POMPANO BEACH FL 33062
US

Mailing Address
303 N RIVERSIDE DR
SUITE 104
POMPANO BEACH FL 33062
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1994

4. FEI Number

65-0526843

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

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

TITLE P
NAME LACZEWSKI, JAN
STREET ADDRESS 303 N RIVERSIDE DR, SUITE 104
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ DELETE

TITLE VP
NAME LACZEWSKI, CECYLIA
STREET ADDRESS 303 N RIVERSIDE DR, SUITE 104
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ DELETE

TITLE S
NAME LACZEWSKI, CECYLIA
STREET ADDRESS 303 N RIVERSIDE DR, SUITE 104
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

TITLE T
NAME LACZEWSKI, MARK J.
STREET ADDRESS 303 N RIVERSIDE DR, SUITE 104
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

TITLE D
NAME LACZEWSKI, JAN
STREET ADDRESS 303 N RIVERSIDE DR, SUITE 104
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

TITLE D
NAME LACZEWSKI, CECYLIA
STREET ADDRESS 303 N RIVERSIDE DR, SUITE 104
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Cecylia Laczewski ☒ Change ☐ Addition
1.2 NAME 303 N Riverside Dr #104
1.3 STREET ADDRESS Pompano Beach Fl-33062
1.4 CITY-ST-ZIP

2.1 TITLE Jan Laczewski ☒ Change ☐ Addition
2.2 NAME 303 N. Riverside Dr. #104
2.3 STREET ADDRESS Pompano Beach Fl. 33062
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

14. I 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, with all other like empowered.

SIGNATURE:

Cecylia Laczewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-99 / 954/942 8917

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90085 031 ***150.00



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