

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087118 (3)

1. Corporation Name

LAS ASSOCIATES, INC.



Principal Place of Business

6644 SOUTH GRANDE DRIVE
BOCA RATON FL 33433

Mailing Address

6644 SOUTH GRANDE DRIVE
BOCA RATON FL 33433

2. Principal Place of Business

21 6458 PONCAHLE ROAD

Suite, Apt. #, etc

22

City & State

23 BOCA RATON FL.

Zip

24 33433

Country

25 FLA BEACH

2a. Mailing Address

26 P.O. BOX 2126

Suite, Apt. #, etc

27

City & State

28 BOCA RATON FL.

Zip

29 33427

Country

30 PALM BEACH

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0539510

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

SHAHER, LORRIE
6644 S GRANDE DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

SHAHER, LORRIE

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

6458 PONCAHLE ROAD

83

84 City

BOCA RATON

FL

85 Zip Code

33433

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name and Title)

Signature of Registered Agent or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAHER, LORRIE	
STREET ADDRESS	6644 SOUTH GRANDE DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	6458 PONCAHLE ROAD
4. CITY-ST-ZIP	BOCA RATON, FL. 33433
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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:

LORRIE SHAHER

4/14/96

407-347-7455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)