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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

	n Name R. LAWRENCE, MBA, INC	of the second							
Principal Place of Business 1211 AGUILA AVENUE CORAL GABLES FL 33134		Mailing Address 1211 AGUILA AVENUE CORAL GABLES FL 33134					131 LW W) LW W	IO 18161 BOIL F381	
		· a ·				3. Date Incorporated or Qualified 05/11/1995	3a. Date	of Last R	teport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		117	Applied For
Suite, Apt. #, etc.		26			65-05792	140	<u></u> →	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Г		Additional
City & Stat	A	27 City & State							Required
3	~	28				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			d to Fees
4	25	29	30	,		Florida Statutes Yes		k under s	199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F		Agent	
				81 Nar	ne				
	NCE, LINDA R		-	82 Stre	et Addre	ss (P.O. Box Number is Not Acceptate	ole)		
	GUILA AENUE								
CORAL	GABLES FL 33134			83					
				84 City			FI	85 Zu	p Code
familiar w SIGNATURE	to the provisions of Sections 607.050 red agent, or both, in the State of Flor tith, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	S.	0. 20.20.00		roll directors. Thereby accept the app	oninnent as t	registered	agent. ram
	Signature, typed or printed name of registered agor	nlandtterappiicable (No	OTE: Registered A	Agent signat	ure required v	when reinstating)	DATE.		
		ND DIRECTORS	OTE: Registered A	Agent signat	ure required v	ethen reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	PRS IN 12
12. TITLE	OFFICERS AN				ura required v		ICERS AND	DIRECTO	PRS IN 12
TITLE NAME	OFFICERS AND LAWRENCE, LINDA R	ND DIRECTORS	13. 1. 1 TII 1.2 NAN	LF MC			ICERS AND		
TITLE NAME STREET ADDRESS	OFFICERS AS D LAWRENCE, LINDA R 1211 AGUILA AVE.	ND DIRECTORS	13. 1.1 TH 1.2 NAM 1.3 STA	LE MC REE1 ADORE			ICERS AND		
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oath, that I am an officer or district of the corporation or the receiver or trusted 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 part attachment with an address.

LINDA P. LAWONCE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: