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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000042753 (0)

LAUREN RESOURCES, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
924 COACHLIGHT LANE			P.O. BOX 10322				
BROOKSVILLE FL 34601			BROOKSVILLE FL 34601				
US			US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
9 Principal D	loop of Pursingne	2a. Mailing Address				05/26/1995 4. FEI Number Applied For	
2. Principal Place of Business 21 18479 Mason Smith Rd.			<u></u>				
21 18479 Mason Smith Rd.			Suite, Apt. #, etc.				59-3350166 Not Applicable
			<b>⊨</b>				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State			City & State				
Brooksville, FL			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		ountry	Zip		Country	,	This corporation owes or has paid the current year Intangible
3460	<u> </u>		29	30			Personal Property Tax due June 30. Yes No
<u> </u>		ddress of Current					10. Name and Address of New Registered Agent
EIA							
EICHOLTZ, STEPHEN A 18479 TEHO MASON SMITH ROAD						····	
				82	Street	Address (P.O. Box Number is Not Acceptable)	
BROOKSVILLE FL 34601					83		
					84	City	FL 85 Zip Code
dd Directoria		Castiana (07.010)	CO7 4500 Fis-	ide Chabatan A			
office or re	egistered agent, or	both, in the State of	f Florida. Such cha	nge was autho	orized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and	Laccept the obligat	ions of, Section 607	7.0505, Florida	Statute	S	
SIGNATURE Storeture, typed or printed hand of registered agent and title if applicable (NOT): Registered Agent signature required when reinstating)  DATE							
40	Signature, typed or printed	OFFICERS AND		(NOTE: HO)	13.	ant signature	Prequired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	- 5	OF ICE IS AND		ELE <b>TE</b>	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	STEPHEN A. E	FICHOLTZ	ш.		1.2 NAME		Vice President
STREET ADDRESS	18419 MASON				1.3 STREET	ADODECC	Larry Arno
	BROOKSVILLE			i i	1.4 CITY - S		9506 Andora Lane Spring Hill, FL 34608
CITY-ST-ZIP TITLE	DITOUTOTICE	. 1 &		ELETE	2.1 TITLE	il-Zir	
NAME					2.2 NAME		Secretary
STREET ADDRESS					2.3 STREET	ADDDECC	Joseph E. Hamilton
				ŀ			11130 Sunshine Grove Rd.
CITY-ST-ZIP					2. 4 CITY - I 3.1 TITLE	SI-ZIP	Brooksville, FL 34614
TITLE			ب ت	, CC			
NAME DIDECT ADDRESS					3.2 NAME	ABBBERG	
STREET ADDRESS					3.3 STREET		
CITY-SY-ZIP			11:		3.4. CITY-:	51-ZIP	Change Addition
TITLE			ı	PLLETE			Crisarilia   Word(no)
NAME					4. 2 NAME	. Dobeson	
STREET ADDRESS					4.3 STREET		
CITY-ST-ZIP				SELETE	4.4 CITY - 9	T-ZIP	[ ] Observe [ ] Addition
TITLE			<u> </u>	DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAME		
STREET ADDRESS					5.3 STREET	ADDRESS	
CITY-ST-ZIP				2. 555	5.4 CITY - S	1-2IP	
TITLE			Ļ	DELETÉ	6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	İ
CITY-ST-ZIP	<del></del>				6.4 CITY - S		
ala Ilbacabu a	مستمكما بمناه فضطاة بكالموسي	بالقارب الممتلح ويرام ويرمانهم	متحمماه معددانة منطف	بطله محاديثانا والأحديث			ad in Continu 110 07(2)(i) Florida Statutos, I further partify 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 required 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 over an adchment with an address.

1 100100 (000) FUL O