

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000043810 (7)

1. Corporation Name  
**PAULAU, INC.**



Principal Place of Business

**2611 CARROLL LAKE STREET  
TAMPA FL 33618**

Mailing Address

**2611 CARROLL LAKE STREET  
TAMPA FL 33618**

2. Principal Place of Business

21 **5705 W. SUGAR AVE**  
Suite, Apt. #, etc. **8**

22 City & State  
**TAMPA, FL**

23 Zip  
**33634**

24 Country  
**USA**

2a. Mailing Address

26 **5705 W. SUGAR AVE.**  
Suite, Apt. #, etc.

27 City & State  
**TAMPA, FL**

28 Zip  
**33634**

29 Country  
**USA**

3. Date Incorporated or Qualified

**06/06/1995**

3a. Date of Last Report

4. FEI Number

**51-323-9837**

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

10. Name and Address of New Registered Agent

**ELLIS, LAURA N  
2611 CARROLL LAKE STREET  
TAMPA FL 33618**

81 Name  
**LAURA ELLIS**

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

83 **2611 CARROLL LAKE ST**

84 City  
**TAMPA**

**FL**

85 Zip Code  
**33618**

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

*Laura N. Ellis*

**LAURA N. ELLIS**

**4/25/96**

Signature of registered agent, if registered agent is not the corporation

Signature of Registered Agent, if not the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**ELLIS, LAURA N**  
STREET ADDRESS  
**2611 CARROLL LAKE STREET**  
CITY-ST-ZIP  
**TAMPA FL 33618**

☐ DELETE

TITLE  
  
NAME  
  
STREET ADDRESS  
  
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Laura N. Ellis*, **LAURA N. ELLIS**

**4/25/96**

**935-3429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)