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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000058222 (7)

LACO A LOT INO

LAFC	o a LOT, ING.							 	. 88111 88181 81181 181	HA (1818 11818 1181 1881
Principal Place	e of Business	Ma	iling Address							
3184 CURRY WOODS CIRCLE			3184 CURRY WOODS CIRCLE ORLANDO FL 32822							
								3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last	t Report
2. Principal P	lace of Business	f	Mailing Address					4. FEI Number		Applied For
Suite, Apt.	# ata	26	0.3- 4.4					59-3342588		Not Applicable
22	n, o.c.,	27	Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1	75 Additional
City & State			City & State					Fe	e Required	
23		28	1 '					Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country		Zip Cou							ded to Fees
24	25	25 29 30			•		8. This corporation has liability for intangible tax under s 199,032, Florida Statutes			8 199,032,
	Name and Address of Curre	nt Registe	ered Agent					10. Name and Address of New Reg		
					81	Name)			
TURNBEAUGH, LAURIE KATHRYN					82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
3184 CURRY WOODS CIRCLE								The state of the s		
ORLA	NDO FL 32822				83					
					84	City			Inst	Zio Code
44 0	41					•				Zip Code
or register	to the provisions of Sections 607,050; ed agent, or both, in the State of Flor	2 and 607. ida. Such d	1508, Florida Statute change was authoriza	s, the abo	ve-n	amed o	orporati	on submits this statement for the purpo of directors. I hereby accept the appoin	se of changing its	s registered office
	th, and accept the obligations of, Sec	tion 607.0	6. Florida Statutes		λ. 	27000110	, boars	оголестога. т нагару ассерт тте аррогт	iment as registere	ed agent. I am
SIGNATURE	Signature, by edical printed name of registered agen	leang	LAURIEK	Alheya	17	IRUM	EAUS	L PRESIDENT her reinstating)	4.7	9-96
12.	OFFICERS AN		OBS VO	TE: Registe ed	Agent	signature	requiped k		DATE	
TITLE	D	IV EN IEO	DELETE	1, 1 Ti	TI F		P	ADDITIONS/CHANGES TO OFFICE		
NAME	TURNBEAUGH, LAURIE KA	THRYN	LII	1,2 NA			1 7	INBEAUST, LAURIE K	Change	Addition
STREET ADDRESS	3184 CURRY WOODS CIRC	HE.				ADORESS	218	Y CURRY WOODS CIR.	J	
C17Y-S1-71P	ORLANDO FL 32822	- 		1.4 CH				ANDO, FL 82822		
TITLE			DELETE	2 1 1		- 614	V	•	Charige	Addition
NAME				2.2 NAME			200	NEAugh LORI		: Audition
STREET ADORESS				1		ADDRESS	6100	SUNNY VALE DRIVE		
CITY-ST-ZIP				2.4 CIT				ANDO, FL 32822		
TITLE			DELETE	3 1 TH		·	S		Change	Addition
NAME				3.2 NA	ME		CAP	puccio, Polly		Pia Fladition
STREET ADDRESS				3.3 \$1	REET A	ADDRESS	151	I CRESTLINE STREET		
CITY - ST - ZIP				3 4 CIT	y - \$T	- ZIP	ORI	Ando, FL 32806		1
TITLE			DELETE	4. 1 711	LE		٣		Change	Addition
NAME				4.2 NA	ΜE		owe	ns, Judy		
STREET ADDRESS				4.3 \$16	EET A	DDRESS	260	8 WINDWARD COURT		· i
CITY-ST-ZIP		d. A		4.4 CIT	Y-ST-	ZIP	ORI	Anos, FL 32805		
TITLE			DELETE:	5. 1 7 ()	LE				☐ Change	Addition
NAME				5.2 NAN	ΛE					
STREET ADDRESS				5.3 STH	EET A	DDRESS				[
CITY - S1 - ZIP	w			5.4 CITY	/-ST-	ZIP				
TIPLE			DELETE	6. 1 1IT	LF.	1			☐ Change	Addition
NAME STREET LOOPING				6.2 NAN	ΛE					1
STREET ADDRESS				6.3 STR	EET A	DDRESS				,
CITY-ST-ZIP				64 CITY	/. C T.	מול				}

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE