

**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 # P95000069837 (9)

1. Corporation Name  
**LAUREN SCOTT LTD., CO.**



Principal Place of Business: 1101 S. ROGERS CIRCLE, SUITE #8 BOCA RATON FL 33487  
Mailing Address: 1101 S. ROGERS CIRCLE, SUITE #8 BOCA RATON FL 33487

3. Date Incorporated or Qualified: 09/12/1995  
3a. Date of Last Report  
4. FEI Number: 65-0622025  
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

2. Principal Place of Business  
21 3840 W. Hillsboro Blvd  
22 Suite, Apt. #, etc.: SUITE 209  
23 City & State: DEERFIELD BCH FL  
24 Zip: 33442 25 Country: USA  
2a. Mailing Address  
26 3840 W. Hillsboro Blvd  
27 Suite, Apt. #, etc.: SUITE 209  
28 City & State: DEERFIELD BCH FL  
29 Zip: 33442 30 Country: USA

9. Name and Address of Current Registered Agent  
**MARADIE, DENNIS**  
1101 S. ROGERS CIRCLE, SUITE #8  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent  
81 Name: CONNIE MARADIE  
82 Street Address (P.O. Box Number is Not Acceptable): 3840 W. Hillsboro BLVD.  
83 SUITE 209  
84 City: DEERFIELD BCH FL 85 Zip Code: 33442

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: *Connie Maradie* CONNIE MARADIE 4-29-96  
Signature, typed or printed name of registered agent and date if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARADIE, CONNIE	Address change only
STREET ADDRESS	1101 S. ROGERS CIRCLE, SUITE #8	
CITY-ST-ZIP	BOCA RATON FL 33487	
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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARADIE, CONNIE	suite
1.3 STREET ADDRESS	3840 W. Hillsboro BLVD.	
1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Connie Maradie* CONNIE MARADIE 4-29-96 407-241-8170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)