

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092305 (8)
1. Corporation Name

THE LAUREN, KIRSTEN, CHASE GROUP, INC.



Principal Place of Business: 5136 NORTHWEST 99TH WAY CORAL SPRINGS FL 33076
Mailing Address: 5136 NORTHWEST 99TH WAY CORAL SPRINGS FL 33076

3. Date Incorporated or Qualified: 12/05/1995
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 255 GOOLSBY BLVD
2a. Mailing Address: 26 255 GOOLSBY BLVD
4. FEI Number: 65-0682319
Applied For: Not Applicable

22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23. City & State: DEERFIELD BEACH FL
28. City & State: DEERFIELD BEACH FL
6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

24. Zip: 33442
25. Country: USA
29. Zip: 33442
30. Country: USA
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ZIMMERMAN, STEPHEN L, 737 EAST ATLANTIC BLVD, POMPANO BEACH FL 33060
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF A. VANDERPOL	1.2 NAME	BRIAN D'SOUZA
STREET ADDRESS	550 SILVER THATCH ON AIA	1.3 STREET ADDRESS	255 GOOLSBY BLVD
CITY - ST - ZIP	POMPANO BCH FL 33062	1.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF A. VANDERPOL	2.2 NAME	BRIAN D'SOUZA
STREET ADDRESS	550 SILVER THATCH ON AIA	2.3 STREET ADDRESS	255 GOOLSBY BLVD
CITY - ST - ZIP	POMPANO BEACH FL 33062	2.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Brian D'Souza BRIAN D'SOUZA, 7-31-96 (954) 570-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES.

CR2E034 (3/96)