

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

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1997 OCT -2 AM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>PA6000028392</u>		
1. Corporation Name <u>H.K. LAWRENCE, INC.</u>		

Principal Place of Business <u>7100 W. CAMINO REAL #400</u> <u>BOCA RATON, FL 33433-5535</u>	Mailing Address <u>7100 W. CAMINO</u> <u>REAL #400</u> <u>BOCA RATON, FL</u> <u>33433-5535</u>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <u>3/29/96</u>	3a. Date of Last Report
4. FEI Number <u>65-0659653</u>	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	
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 duties of the registered agent under s. 607.0105, Florida Statutes.	

10. Name and Address of New Registered Agent	
81 Name <u>JOHN L. MADSEN</u>	82 Street Address (P.O. Box Number is Not Acceptable) <u>7100 W. CAMINO REAL #400</u>
83	84 City <u>BOCA RATON</u>
85 Zip Code <u>FL 33433-5535</u>	

SIGNATURE: [Signature]
JOHN L. MADSEN - PRES 10/01/97

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES. / DIRECTOR</u> ☐ DELETE <u>JOHN L. MADSEN</u> <u>7100 W. CAMINO REAL #400</u> <u>BOCA RATON, FL 33433-5535</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> ☐ DELETE <u>TAMMIE ANTHONY</u> <u>7100 W. CAMINO REAL #400</u> <u>BOCA RATON, FL 33433</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

800002313258--4
-10/06/97--01169--004
****750.00 ****750.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 removed) or on an attachment with an address.	
SIGNATURE: <u>[Signature]</u>	JOHN L. MADSEN PRES. (561) 338-8803



H.K. LAURENCE, INC.

October 01, 1997

**Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399**

To Whom it May Concern:

Enclosed is the Annual Report for H. K. Laurence, Inc. with a check for the fee of \$750.00 . We are very sorry for not filing sooner. Please rein-state our corporation ASAP .

Please call me at 561-338-8803 if you have any questions.

Sincerely,

John L. Madden

tca:jlmm