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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000056397 (8)

HOMES BY LAURA, INC.

Principal Place of Business Mailing Address							30(0) 0 310 0 11		10011001	
			339 8TH AVENUE WEST Bradenton FL 34205-8820							
							3. Date Incorporated or Qualified 07/03/1996	3a. Date	of Last R	eport
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Ap	plied For
21			26				650679128			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & State			Cily & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
	Zip Country		<b>├</b> ── <b>├</b> ──-,		ntry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25			30			Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registe	red Agent		04		10. Name and Address of New Re-	gistered Ag	ent	· · · · · · · · · · · · · · · · · · ·
	NYAK, VERA				61	Name				
339 6TH AVENUE WEST Bradenton FL 34205					62	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
					в3					
					64	Í		rL	<b>85</b> Zip (	
office or re	to the provisions of Sections 607.0! egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida	. Such change was :	authorized	l by	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of ch the appoin	ianging it itment as	s registered registered
SIGNATURE										
Signature, typed or printed name of registered agent and true if applicable  12. OF FICERS AND DIRECTORS				13.			ed when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND D	DECTOR	C IAI 2
TITLE	D	INCO CONTILLO I	DELETE		1.1 TULE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	HILL, LAURA L			1.2 NA				<b>1</b>	,	
STREET ADDRESS	15308 WATERLINE ROAD					ADDRESS				
CITY-ST-ZIP	BRARRITON FL A4000				1.4 CITY-ST-ZIP					
TITLE	DIVIDENTIAL TRUE		DELETE 211			11.51	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				22 NA						_
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				2 4 CI						
TITLE			DELETE	3 1 111		31-11			Change	Addition
NAME				3.2 NA				_		_
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4. CI						
TITLE			DELETE	4.1 111					Change	Addition
NAME				4 2 NA	ME	Ì				
STREET ADDRESS				4.3.51	REFT.	ADDRESS				
CITY-ST-ZIP				4.4 CiT		1				
TITLE			DELETE	51 1/1					Change	Addition
NAME				5.2 NAI						_
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT						
TITLE		····-	DELETE	61 111				F	Change	Addition
NAME			—	62 NA				•		
STREET ADDRESS						ADDRESS				
CITY_CT_PIP						T 7(D				

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 changed, or on an attachment with an address. Laura L. Hill. President 4-30-97

May 14 1997 8:00am

Secretary of State