


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
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FILED
97 JUL -2 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095690
1. Corporation Name
ELISABETH LAWRENCE COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
13512 Feather Sound Circle W No 1411
Clearwater, FL 34622
(Same)

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		2a		59-3431521		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing		Trust Fund Contribution	
Zip		Zip		<input type="checkbox"/>		<input type="checkbox"/>	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Elisabeth Lawrence
13512 Feather Sound Circle W. No 1411
Clearwater, FL 34622

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE Elisabeth Lawrence (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Elisabeth Lawrence <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13512 Feather Sound Cir	1.2 NAME	
STREET ADDRESS	#1411	1.3 STREET ADDRESS	
CITY- ST- ZIP	Clearwater FL 34622	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
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 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. 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: Elisabeth Lawrence Elisabeth Lawrence 4/29/97

CR2E034 (9/96)