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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1998 8:00am

Secretary of State

DOCUMENT #

P96000101124 (1)

LAURA J., INC.

CITY-ST-ZIP

Principal Place of Business Malling Address 3532 DERBY LANE 3532 DERBY LANE WESTON FL 33331 WESTON FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0713893 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. X Yes ☐ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GUY, DIANE** 3532 DERBY LANE Street Address (P.O. Box Number is Not Acceptable) WESTON FL 33331 83 84 Zip Code 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 Stgnature typical or printed in any of require red age ut and bite it appearable. (NO1) Registered Agent signature required where reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE Change Addition 11 TOLE TITLE **GUY, DIANE** NAME 1.2 NAME 3532 DERBY LANE 13 STREET ADDRESS STREET ADDRESS **WESTON FL** 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 HILE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP

14. Thereby 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.