

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000103101 (7)

1. Corporation Name
LAURA, INC.



Principal Place of Business
7395 GULF BOULEVARD
ST. PETERSBURG FL 33706

Mailing Address
7395 GULF BOULEVARD
ST. PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 40756

26 P.O. BOX 40756

22 ST. PETERSBURG, FL
City & State

27 ST. PETERSBURG, FL
City & State

23 Zip 33743-0756 Country USA

28 Zip 33743-0756 Country USA

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

59-3418919

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

JEWELL, JOHN F
535 CENTRAL AVE
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

LAURA SCHWARTZ

82 Street Address (P.O. Box Number is Not Acceptable)

2295 GULF OF MEXICO DR

83

#115-5

84 City

LONGBOAT KEY

FL

85 Zip Code

34922

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

LAURA SCHWARTZ - President

Laura Schwartz 2/20/98

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, LAURA
STREET ADDRESS 2295 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE

Laura Schwartz

2/20/98

CR2E034 (10/97)