

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

DOCUMENT # P97000064572 (5)

1. Corporation Name

LAURIE POWELL REALTY, INC.

Principal Place of Business

8106 U.S. HIGHWAY 19
PORT RICHEY FL 34668

Mailing Address

8106 U.S. HIGHWAY 19
PORT RICHEY FL 34668



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Suite, Apt. #, etc.

City & State

25

Zip

Country

26

Zip

Country

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

Zip

Country

9. Name and Address of Current Registered Agent

ACCURATE FILING & SEARCH SERVICES
3424-18 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

LAURA NEIMAN

82

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

8106 U.S. Highway 19

83

84

Port Richey

FL

85

Zip Code

34668

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 Neiman

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *Laura Neiman*

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

PTSD

1.3 STREET ADDRESS

Laura Neiman

1.4 CITY-ST-ZIP

8106 U.S. Highway 19

2.1 TITLE

Port Richey, FL 34668

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 Neiman

2/20/98

CR2E034 (10/97)