1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100743

1. Corporation Name

LAWS ENTERPRISES, INC.

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90028 032 ***150.00



| Principal Place | e of Business | Mailing Address | | | ,,, | |
|---|--|--------------------------------------|--------------------------------|--|----------------|------------|
| 9880 N.W. 54TH PLACE 9880 N.W. 54TH PLACE | | | | | | |
| CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 | | | | DO NOT WRITE IN T- | IIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 11/24/1997 | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Acı | plied For |
| 21 /5.35 | W AMBERLY DA | 2 26 15350 Anse | RLY OR | 65-0817295 | — — | Applicable |
| Suite, Apt | ## 7 / / Je / / / / / / / / / / / / / / / / | Suite, Apt. #; etc, | | _ | \$8.75 | |
| 22 58 | 314 | 27 2814 | | 5. Certificate of Status Desired | Fee Re | quired |
| City & Stat | te) | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| | LLPA FLORIDA | 28 TAMPA F | LORIDA | Trust Fund Contribution | Added to | |
| Zip 24 3360 | Country | Zip 33647 30 | Country HILLS BUROUGE | 8. This corporation owes the current year Personal Property Tax. | | Mo |
| 24 0 0 | g. Name and Address of Current | | | 10. Name and Address of New Register | ed Agent | |
| | 3. (10.110 11.12 11.12 | | 81 Name | | | |
| WHITE, E. AUSTIN ESQ | | | | (2.0.2 | | |
| 15350 AMBERLY DRIVE | | | 82 Street Addr | ress (P.O. Bcx Number is Not Acceptable) | | |
| SUITE 2814 | | | 83 | | | |
| TAM | PA FL 33647 | | | | | |
| 1 | | | 84 City | ţ: | 85 Zip C | ode |
| 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. 4 - 24 - 99 | | | | | | |
| SIGNATURE | Signature, typed or printed it tale of registered ager t | and title if applicable. (NO FE: Reg | stered Agent signature require | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | | Change | ☐ Addition |
| NAME | SHRODE, LANA J | | 1.2 NAME | | | |
| STREET ADDRESS | 9880 N.W. 54TH PLACE | 1 | 1.3 STREET ADDRESS | | |) |
| CITY-ST-ZIP | CORAL SPRINGS FL 33076 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change | Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | 1 | 2.3 STREET ADDRESS | | | ì |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDR :SS | | 1 | 3.3 STREET ADDRESS | | |) |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change | ☐ Addition |
| NAME | | | 4 2 NAME | | | |
| STREET ADDRESS | | 1 | 4.3 STREET ADDRESS | | | Ì |
| CITY-ST-ZIP | | | 4 4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | j | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | - Chann | Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY ST 7ID | 1 | | 6.4 CiTY-ST-ZIP | | | 1 |

14. I herety certify that the information supplied with this filling 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 application, with all other like empowered.

SIGNATURE:

AT THE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-359-6050