03221999-90013-030-$150.00-$150.00

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90013 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017511

1. Corporation Name
LAUREN PANICCO INC.

Principal Place of Business	Mailing Address
504 N.E. 16TH AVENUE FORT LAUDERDALE FL 33301	504 N.E. 16TH AVENUE FORT LAUDERDALE FL 33301 change of Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 406 SW 7th st Suite, Apt. #, etc. 22: Ft. Lauderdale City & State 23: FL, 33315 Zip 24: Country 25: Broward	2a. Mailing Address 26: 406 SW 7th st Suite, Apt. #, etc. 27: Ft. Lauderdale City & State 28: FL, 33315 Broward Zip 29: Country 30:

3. Date Incorporated or Qualified: 02/23/1998

4. FEI Number: 65-0813048 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PANICCO, LAUREN
504 N.E. 16TH AVENUE
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: f/k Panicco, Lauren
82 Street Address (P.O. Box Number is Not Acceptable): 406 SW 7th st
83: Ft. Lauderdale
84 City: FL, [illegible] FL 85 Zip Code: 33315

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, treasurer Lauren Panicco, INC 406 SW 7th st Ft. Lauderdale, FL, 33315	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President, treasurer Lauren Panicco, INC 406 SW 7th st Ft Lauderdale, FL, 33315	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 18 March 1999 (954) 467 0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #