


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90035 043 ***150.00

0170040

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000037320

1. Corporation Name

LAUREN & ASSOCIATES, INC.



Principal Place of Business
3710 NE 71 STREET
COCONUT CREEK FL 33073

Mailing Address
3710 NE 71 STREET
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1070 N.W. 1st Ave.		26 1070 N.W. 1st Ave.		04/23/1998	
22 Suite A		27 Suite A		4. FEI Number	
23 Boca Raton, FL		28 Boca Raton, FL		65-0837361	
24 33432		25 USA		5. Certificate of Status Desired	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALCZAK, JOYCE 4400 W SAMPLE ROAD STE 128 COCONUT CREEK FL 33073		81 Name Walczak, Joyce 82 Street Address (P.O. Box Number is Not Acceptable) 1353 S. Military Trail 83 84 City Deerfield Bch. FL 85 Zip Code 33442	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	LUXON, ELIZABETH	1.2 NAME	Luxon, Elizabeth
STREET ADDRESS	3710 NE 71 STREET	1.3 STREET ADDRESS	3710 NW 71 Street
CITY-ST-ZIP	COCONUT CREEK FL 33073	1.4 CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	D	2.1 TITLE	VP
NAME	BUTERA, PHILIP M	2.2 NAME	Butera, Philip
STREET ADDRESS	9355 SW 8 ST #321	2.3 STREET ADDRESS	9355 SW 8 Street, #321
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE		3.1 TITLE	ST
NAME		3.2 NAME	Roberts, Susan
STREET ADDRESS		3.3 STREET ADDRESS	1117 E. River Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Marjate, FL 33063
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)