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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000038534

1. Corporation Name

LAURENCE FEYAS CORPORATION					
Principal Place of Business	Mailing Address	,			
957 DANS PLACE LAKE WORTH FL 33463	967 DANS PLACE LAKE WORTH FL 33463				
		3.			
2. Principal Place of Business	2a. Mailing Address	4.			
	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5_			
22	27				
City & State	City & State	6.			
23	28				
Zip Country	Zip Country	8.			

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90052 016 ***158.75



KIM FL 33463 LAKE WURTH FL 35403			DO NOT WRITE IN THIS SPACE					
			3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed				
			04/28/1998					
ncipal Place of Business	2a. Mailing Address	···	4. FEI Number	Applied For				
·	26		65-0846866	Not Applicable				
te, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired XX Fee Required					
	27							
y & State	City & State		6. Election Campaign Financing	\$5.00 May Be [.]				
	28		Trust Fund Contribution	Added to Fees				
Country	Zip	Country	8. This corporation owes the current year Int	tangible				
25	29	30	Personal Property Tax.	☐ Yes You				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
		81 Name						
FEYAS, LARRY	•							
957 DANS PLACE		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)					
			.,					
LAKE WORTH FL 33463		83						

City

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.

agent. i ai	m tamiliar with, and accept the	e obligations of, Section 007.0505, Florid	ia Statutes.				Į.		
SIGNATURE	favure	<u> </u>		FEYAS	4 -	1-99	}		
Signature, typed or printed name or registered agent anomale in approach									
12.		DELETE	1.1 TITLE	7.05(1.01.07.07.07.07.07.07.07.07.07.07.07.07.07.		☐ Change	Addition		
TILE	D	- Deterie							
NAME	FEYAS, LAURENCE		1.2 NAME						
STREET ADDRESS	957 DANS PLACE		1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME			2.2 NAMÉ				Ì		
STREET ADDRESS			2.3 STREET ADDRESS				1		
CITY-ST-ZIP			2:4 CITY-ST-ZIP.		<u> </u>				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition		
NAME			3.2 NAME]		
STREET ADDRESS			3.3 STREET ADDRESS				[
CITY-ST-ZIP	1		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME	, ;					
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	ļ, ,					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ļ `			57.1.1 20		
TITLE	·	☐ DELETE	6.1 TITLE	þ		☐ Change	Addition		
NAME			6.2 NAME 70.				1		
STREET ADDRESS			6.3 STREET ADDRESS				1		
CITY, ST. 7IP			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:

85

Zip Code