

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 # P98000068037

1. Corporation Name  
LAFFI CORP.

Principal Place of Business  
6800 W. COMMERCIAL BLVD.  
SUITE 5  
FT LAUDERDALE FL 33319

Mailing Address  
6800 W. COMMERCIAL BLVD.  
SUITE 5  
FT LAUDERDALE FL 33319

2. Principal Place of Business  
21 1259 S. Pine Island Rd 26  
Suite, Apt. #, etc.  
22 27  
City & State  
23 Plantation, Fl. 28  
Zip Country  
24 33324 25 Broward 29 30

9. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

81 Name **Herbert H. Rolnick, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6800 W. Commercial Blvd., Suite 5**  
83  
84 City **Ft. Lauderdale, FL** 85 Zip Code **33319**

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

CR2E034-(11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLNICK, HERBERT H	1.2 NAME	<b>Sherry DePriest</b>
STREET ADDRESS	6800 W. COMMERCIAL BLVD.	1.3 STREET ADDRESS	1210 Rocking Horse Rd.
CITY-ST-ZIP	FT LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	Cooper City, Fl. 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Janet Berman</b>
STREET ADDRESS		2.3 STREET ADDRESS	5681 Thristeldown
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Davie, Fl. 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Paula Ryant</b>
STREET ADDRESS		3.3 STREET ADDRESS	5018 Ibis Place
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coconut Creek, Fl. 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Dorothy Synder</b>
STREET ADDRESS		4.3 STREET ADDRESS	7513 Fairfax Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tamarac, Fl. 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *X Dorothy Synder* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Date

1954 3825244

Daytime Phone #

USPS