

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58876** (1)

1. Corporation Name
LURE INC.

Principal Place of Business Mailing Address
4635 PANORAMA DRIVE HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/24/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3068478** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**RENDE, MARY QUICK
4635 PANORAMA DRIVE
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent
B1 Name **Michael W. Rende**
B2 Street Address (P.O. Number is Not Acceptable) **4635 PANORAMA DR**
B3
B4 City **Holiday** FL B5 Zip Code **34690**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Michael W. Rende* DATE **4-17-94**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	RENDE, MARY QUICK
STREET ADDRESS	4635 PANORAMA DRIVE
CITY - ST - ZIP	HOLIDAY FL
TITLE	D
NAME	RENDE, MARY QUICK
STREET ADDRESS	4635 PANORAMA DRIVE
CITY - ST - ZIP	HOLIDAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP Michael W Rende
1.3 STREET ADDRESS	360 Woodlawn Ave
1.4 CITY - ST - ZIP	Bellaire FL 34616
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR Robert Luefh
2.3 STREET ADDRESS	6655 Millstone Dr.
2.4 CITY - ST - ZIP	New Port Richey FL 34655
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Robert W. Luefh* DATE **3-15-95** (819) 937-4382
Signature and typed name of signing officer or director