FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:56

DOCUMENT # S70992 (0)

1. Corporation Name
LAVENDER & OLD LACE INC.

Principal Place of Business
6844 STERLING RD
DAVIE FL 33024

Mailing Address
7851 ORANGE AVENUE
DAVIE FL 33328
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 1952 Tigertail Blvd
Suite, Apt. #, etc.
22
City & State
23 Dania FL
Zip 24 33004 Country 25 USA

2a. Mailing Address
26 1952 Tigertail Blvd
Suite, Apt. #, etc.
27
City & State
28 Dania FL
Zip 29 33004 Country 30 USA

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0280991 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SKOLA, THOMAS J.
801 BRICKELL AVE
14TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: STARR SHANNON
82 Street Address (P.O. Box Number is Not Acceptable): 11050 SW 25 ST
83
84 City: DAVIE FL 85 Zip Code: 33324

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: STARR SHANNON, PRESIDENT [signature] DATE: 2-11-95

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	SHANNON, STARR
STREET ADDRESS	11050 SW 25 ST
CITY-ST-ZIP	DAVIE FL
TITLE	T
NAME	SHANNON, STARR
STREET ADDRESS	11050 SW 25 ST
CITY-ST-ZIP	DAVIE FL
TITLE	S
NAME	SHANNON, STARR
STREET ADDRESS	11050 SW 25 ST
CITY-ST-ZIP	DAVIE FL 33324
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: [signature] STARR SHANNON, Pres. 2-11-95 305-921-0476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0238702 CP