

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 APR 25 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 588832
1. Corporation Name
LAKER CORP

Principal Place of Business Mailing Address
22712 MERIDIANA WAY 22712 Meridiana Way
BOCA RATON, FL. BOCA RATON, FL
33433 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1991** 3a. Date of Last Report **4/2/94**

21. Principal Place of Business 7040 W. PALMETTO PARK RD	2a. Mailing Address 7040 W PALMETTO PARK RD	4. FEI Number 65-0292211	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. SUITE 2-504	27. Suite, Apt. #, etc. SUITE 2-504	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State BOCA RATON FL	28. City & State BOCA RATON FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33433	25. County PALM BEACH	29. Zip 33433	30. County PALM BEACH

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

9. Name and Address of Current Registered Agent 22712 MERIDIANA WAY BOCA RATON, FL. 33433		10. Name and Address of New Registered Agent	
B1 Name	Same		
B2 Street Address (P.O. Box Number is Not Acceptable)	Same		
B3			
B4 City	FL	B5 Zip Code	

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]* MURRAY SHELTON PRES DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres	NAME SHELTON MURRAY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 22712 MERIDIANA WAY	CITY-ST-ZIP BOCA RATON, FL 33433	1.2 NAME	
TITLE SECRETARY	NAME MELANIE SHELTON	1.3 STREET ADDRESS	
STREET ADDRESS 22712 MERIDIANA WAY	CITY-ST-ZIP BOCA RATON, FL 33433	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	
STREET ADDRESS	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	NAME	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	NAME	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	NAME	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY-ST-ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	NAME	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)(A), 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 manager 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 applicable, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/18/95**