

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S96651** (2)
1. Corporation Name
LAING INTERNATIONAL CORPORATION



Principal Place of Business

% MICHAEL PAUL LAING
11680 NW 19TH DR.
CORAL SPRINGS FL 33071

Mailing Address

% MICHAEL PAUL LAING
11680 NW 19TH DR.
CORAL SPRINGS FL 33071

2. Principal Place of Business

21 **2500 N.W. 55 COURT**

Suite, Apt. #, etc.

22

City & State

23 **FT. LAUDERDALE, FL**

Zip

24 **33309**

Country **USA**

25 **BROWARD**

2a. Mailing Address

26 **2500 N.W. 55 CT.**

Suite, Apt. #, etc.

27

City & State

28 **FT. LAUDERDALE, FL**

Zip

29 **33309**

Country **USA**

30 **BROWARD**

3. Date Incorporated or Qualified
11/25/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0300451

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

2500 NW 55 CT.

83

84

FT. LAUDERDALE

FL

85

Zip Code

33309

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAING, MICHAEL PAUL
11680 NW 19TH DR.
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

700001792067
-04/24/96--01016--030
*****225.00**

700001792067
-04/24/96--01016--030
*****200.00**

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ST-41-23-96

0119616

CR2E034 (12/95)