

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V65403**

(0)

1. Corporation Name

LAUDA ENTERPRISES INC.

Principal Place of Business

**1000 LEE BLVD
SUITE 205
LEHIGH ACRES FL 33936
US**

Mailing Address

**1000 LEE BLVD
SUITE 205
LEHIGH ACRES FL 33936
US**

3. Date Incorporated or Qualified
09/21/1992

3a. Date of Last Report
02/16/1995

4. FCI Number
65-0357926

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GRIFFITH, ALLAN T
4575 VIA ROYALE #101
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

Louis J Lauda

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

1104 East 13th Street

83

84 City

Lehigh Acres Fl

FL

85

Zip Code
33936

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 **Louis J Lauda, President**

Signature, typed or printed name of signing officer or director, and title of corporation

JUNE 23 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **LAUDA, LOUIS J**
STREET ADDRESS **19220 PINE RUN LN NE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☒ DELETE
NAME **LAUDA, HELEN R**
STREET ADDRESS **19220 PINE RUN LN NE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **DP** ☐ DELETE
NAME **Lauda, Louis J**
STREET ADDRESS **1104 East 13th Street**
CITY-ST-ZIP **Lehigh Acres Fl 33936**

TITLE **D** ☐ DELETE
NAME **Lauda, Helen R**
STREET ADDRESS **1104 East 13th Street**
CITY-ST-ZIP **Lehigh Acres Fl 33936**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(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:

Louis J Lauda, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 23 1996

DATE

941-368-0004

Daytime Phone #

CR2E034 (12/95)