

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Marton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **303002** (0)  
1. Corporation Name  
**COLONIAL RIDGE LANCASTER INC**



Principal Place of Business: **5505 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435**  
Mailing Address: **5505 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
g. Name and Address of Current Registered Agent

**GROMKO & PORTER, INC.  
306 E. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

14 Pursuant to the provisions of Sections 607.07(1)(b) and 607.15(3), 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 I accept the obligations of, Sections 607.07(1)(b) and 607.15(3), Florida Statutes.

SIGNATURE: *[Signature]*  
12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: TAIBI, CHARLES STREET ADDRESS: 5505 N OCEAN BLVD CITY, ST, ZIP: OCEAN RIDGE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: INGHAM, GRANT STREET ADDRESS: 5505 N OCEAN BLVD CITY, ST, ZIP: OCEAN RIDGE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS NAME: VALINE, PEGGY STREET ADDRESS: 5505 N OCEAN BLVD CITY, ST, ZIP: OCEAN RIDGE, FL 00000	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GRIGSBY, D.J. STREET ADDRESS: 5505 N OCEAN BLVD CITY, ST, ZIP: OCEAN RIDGE, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*TS Valine, Margaret*

700001758747  
-03/27/96--01001--025  
\*\*\*200.00

*[Signature]*  
3-26-96

14. I do hereby certify that the information supplied in 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 included 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 registered business 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 attached sheet, as an address.

SIGNATURE: *Margaret Valine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96  
407 137-0123

CR2E034 (12/95)