

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/17/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1316811	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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

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]* DATE: **2/3/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAIBI, CHARLES	12 NAME	
STREET ADDRESS	5505 N OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RICHARD	22 NAME	
STREET ADDRESS	5505 N OCEAN BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	24 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALINE, MARGARET	32 NAME	
STREET ADDRESS	5505 N OCEAN BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASSY, PAUL	42 NAME	DIRECTOR
STREET ADDRESS	5505 N OCEAN BLVD	43 STREET ADDRESS	DAWES, THOMAS
CITY-ST-ZIP	OCEAN RIDGE FL	44 CITY-ST-ZIP	5505 N OCEAN BLVD
TITLE	<input type="checkbox"/> DELETE	51 TITLE	OCEAN RIDGE FLORIDA 33435
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	600002427485
STREET ADDRESS		63 STREET ADDRESS	-02/11/98--01019--016
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied with this filing 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: *Margaret S Valine* DATE: **1/29/98** **561-737-0123**

CR2E034 (10/97)