


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 713157 (6) 1. Corporation Name LPYC CORINTHIANS, INC.					
Principal Place of Business 2701 N.E. 42ND STREET P.O. BOX 5327 LIGHTHOUSE POINT FL 33067 US			Mailing Address 2701 N.E. 42ND STREET P.O. BOX 5327 LIGHTHOUSE POINT FL 33067 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/04/1967	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0021359	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent O'BRIEN, JAMES L. 1800 S OCEAN BLVD, APT 101 POMPANO BCH FL 33062				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	JACOBSON, BEN				
STREET ADDRESS	2457 NE 25 STREET				
CITY-ST-ZIP	LIGHTHOUSE POINT FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	O'BRIEN, JAMES L.				
STREET ADDRESS	1800 S OCEAN BLVD, APT 101				
CITY-ST-ZIP	POMPANO BCH FL				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	DONAI, LEE R				
STREET ADDRESS	3750 N.W. 27 AVE.				
CITY-ST-ZIP	LIGHTHOUSE POINT FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BROUGHTON, SIDNEY L				
STREET ADDRESS	2687 N. OCEAN BLVD APT 207G				
CITY-ST-ZIP	BOCA RATON FL 33931				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LONG, ARCHIE				
STREET ADDRESS	1412 THATCH PALM DRIVE				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	SCHAAK, RICHARD				
STREET ADDRESS	3911 NE 26TH AVENUE				
CITY-ST-ZIP	LIGHTHOUSE POINT FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Robert Reich				
1.3 STREET ADDRESS	2701 N Ocean Blvd				
1.4 CITY-ST-ZIP	Boca Raton, FL. 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Charles Walsh				
3.3 STREET ADDRESS	1340 S. Ocean Blvd. #603				
3.4 CITY-ST-ZIP	Pompano Beach, FL 33062				
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Sidney L. Broughton				
4.3 STREET ADDRESS	2687 N Ocean Blvd. #207G				
4.4 CITY-ST-ZIP	Boca Raton, FL. 33931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	VD				
5.2 NAME	Archie Long				
5.3 STREET ADDRESS	1412 Thatch Palm Drive				
5.4 CITY-ST-ZIP	Boca Raton, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.1 TITLE	D				
6.2 NAME	Glen Fuller				
6.3 STREET ADDRESS	2330 NE 32nd Court				
6.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes, and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] NATHAN L. SCHAAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98 (954) 786-9799
Date Daytime Phone #

CR2E037 (10/97)