


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90097 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 713157**

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 <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

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 **WALSH, CHARLES V.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1340 S. Ocean Blvd. Apt. 603**  
 83  
 84 City **POMPANO BEACH** FL 85 Zip Code **33062**

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

*Charles V. Walsh*  
 Signature, typed or printed name of registered agent and title if applicable.

**CHARLES V. WALSH, SECRETARY** 5/20/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICH, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>2701 N OCEAN BLVD</b>	1.3 STREET ADDRESS	<b>3810 N.E. 27th Ave.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	1.4 CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, JAMES L.</b>	2.2 NAME	
STREET ADDRESS	<b>1800 S OCEAN BLVD, APT 101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>1340 S OCEAN BLVD, #603</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROUGHTON, SIDNEY L</b>	4.2 NAME	<b>MOYER, JOSEPH</b>
STREET ADDRESS	<b>2687 N OCEAN BLVD, #207G</b>	4.3 STREET ADDRESS	<b>2420 N.E. 44th Ct.</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33931</b>	4.4 CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, ARCHIE</b>	5.2 NAME	
STREET ADDRESS	<b>1412 THATCH PALM DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FULLER, GLEN</b>	6.2 NAME	<b>WAGNER, EDWARD M.</b>
STREET ADDRESS	<b>2330 32ND COURT</b>	6.3 STREET ADDRESS	<b>2551 NE 31st Ct.</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL 33064</b>	6.4 CITY-ST-ZIP	<b>Lighthouse Point, FL 33064</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles V. Walsh* **CHARLES V. WALSH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/99 954-942-1697

CR2E037 (11/98)