FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:03

DOCUMENT # 770969 (4)

1. Corporation Name
LAMBDA SOUTH, INC.

Principal Place of Business	Mailing Address
1231 EAST LAS OLAS BLVD P.O. BOX 030456 FT. LAUDERDALE FL 33303	1231 EAST LAS OLAS BLVD P.O. BOX 030456 FT. LAUDERDALE FL 33303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1983
3a. Date of Last Report: 01/25/1994
4. FEI Number: ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEMPSEY, LISA
5365 NE 2ND AVENUE
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE TCD	PONTE, VICTOR	☒ Change ☐ Addition
NAME	DEMPSEY, LISA	12 NAME		
STREET ADDRESS	5365 NE 2ND AVENUE	13 STREET ADDRESS	1018 S.E. 10 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	PED	21 TITLE PED	DAVIS, JEN	☒ Change ☐ Addition
NAME	WOOLLETT, STEVE	22 NAME		
STREET ADDRESS	14TH S.E. 9TH STREET	23 STREET ADDRESS	819 B S.W. 10 TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE	TAD	31 TITLE TAD	SCOTT, JOHN	☒ Change ☐ Addition
NAME	MONTERO, LARRY	32 NAME		
STREET ADDRESS	1640 NE 5TH CT #3	33 STREET ADDRESS	1180 N.E. 1 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	FT. LAUDERDALE, FL 3330)	
TITLE	TCD	41 TITLE PD	BACKUS, P.J.	☒ Change ☐ Addition
NAME	BACKUS, P. J	42 NAME		
STREET ADDRESS	110 SW 20TH AVENUE	43 STREET ADDRESS	1907 S.W. 2 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312-1516	
TITLE	SD	51 TITLE SD	SEIDEL, DODIE	☒ Change ☐ Addition
NAME	O'BRIEN, MARY	52 NAME		
STREET ADDRESS	3350 SW 18TH STREET	53 STREET ADDRESS	1206 N.E. 6 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	BMD	61 TITLE BMD	LEAVY, MATHEW	☒ Change ☐ Addition
NAME	GERRY, TYRONE	62 NAME		
STREET ADDRESS	1620 SW 9TH AVENUE	63 STREET ADDRESS	P.O. BOX 70522 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	FT. LAUDERDALE, FL 33307	

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)(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.

RECEIVED BY FAX 305

SIGNATURE: P.J. Backus P.J. BACKUS, PRESIDENT 4/22/95 463-8673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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