FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **770969** **(4)**

1. Corporation Name

LAMBDA SOUTH, INC.

400001863444
-06/17/96--01027--020
***61.25

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

3. Date Incorporated or Qualified: **10/24/1983**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **NOT APPLICABLE** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name: Scott P. John P.
82 Street Address (P.O. Box Number is Not Acceptable): 804 NE 14th TERACE
83
84 City: Ft. Laud FL 85 Zip Code: 33304

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: John P Scott — Jun-4-1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TCD	☒ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	PONTE, VICTOR		1.2 NAME	JEN S DAVIS	
STREET ADDRESS	1018 SE 10TH ST		1.3 STREET ADDRESS	352 City View Drive	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Laud 33301	
TITLE	PED	☐ DELETE	2.1 TITLE	PED.	☑ Change ☒ Addition
NAME	DAVIS, JEN		2.2 NAME	BROOKS ~~ROGER~~ ROBERT JR.	
STREET ADDRESS	819 B SW 10TH TERR		2.3 STREET ADDRESS	3330 S.W. 18th ST	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. Laud FL. 33312	
TITLE	TAD	☐ DELETE	3.1 TITLE	TAD	☑ Change ☐ Addition
NAME	SCOTT, JOHN		3.2 NAME	Scott John P.	
STREET ADDRESS	1180 NE 1ST ST		3.3 STREET ADDRESS	804 NE 14TH TERACE	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	FT Laud FL 33304	
TITLE	PD	☒ DELETE	4.1 TITLE	TCD	☐ Change ☒ Addition
NAME	BACKUS, P J		4.2 NAME	SINGER MELANI	
STREET ADDRESS	1907 SW 2ND ST		4.3 STREET ADDRESS	7721 NW 42 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	DAVIE FL. 33024	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	SEIDEL, DODIE		5.2 NAME	HOUSTON Chip	
STREET ADDRESS	1206 NE 6TH ST		5.3 STREET ADDRESS	1635 NE 5th CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	FT. Laud FL. 33301	
TITLE	BMD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEAVY, MATTHEW		6.2 NAME		
STREET ADDRESS	P O BOX 70522		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

06-14-96 DR

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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)(k), 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.

SIGNATURE: John P Scott — John P. Scott — 6-4-96 — 904-763-5298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #