

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F37671**

(7)

1. Corporation Name

LAZAN AND TRUTE, P.A.



Principal Place of Business

**1090 KANE CONCOURSE,
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**1090 KANE CONCOURSE,
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1981

3a. Date of Last Report

01/25/1995

4. FEI Number

59-2099125

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

**TRUTE, MELVYN
1090 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154**

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 607.0602 and 607.1802, 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 I accept the obligations of Section 607.1802, Florida Statutes.

SIGNATURE

Signature of the person changing the information

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	DP TRUTE, MELVYN 1090 KANE CONCOURSE BAY HARBOR ISL, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	D LAZAN, DAVID M 1090 KANE CONCOURSE BAY HARBOR ISL, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		10.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied in 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. I am an officer or director of the corporation, or the president 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. Change or on an attached schedule to an addressee.

SIGNATURE: *Melvyn Trute*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

605) 865-6736

CR2E034 (12/95)