

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005825 (4)**

1. Corporation Name
THE LASTEL CORPORATION



Principal Place of Business
P.O. BOX 273820
BOCA RATON FL 33427-3820

Mailing Address
P.O. BOX 273820
BOCA RATON FL 33427-3820

| | | | |
|---|---|--------------------------------|----------------|
| 3. Date of Incorporation or Qualified | 11/10/1994 | 3a. Date of Last Report | 04/18/1995 |
| 4. FEIN number | 22-2506243 | Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 100 WORTH AVENUE | 26 P.O. Box 2437 |
| 22 #421 | 27 |
| 23 PALM BEACH FL | 28 PALM BEACH FL |
| 24 33480-2437 | 29 33480-2437 |
| 25 USA | 30 USA |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |

11. Pursuant to the provisions of Sections 607.05(2) and 607.150(6), 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.04(4), Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | CPT | 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CABARLE, CORNELIUS | 2. NAME | |
| STREET ADDRESS | 20 ROYAL PALM WAY | 13. STREET ADDRESS | 100 WORTH AVENUE |
| CITY-STATE-ZIP | BOCA RATON FL 33427-3820 | 14. CITY-STATE-ZIP | PALM BEACH, FL 33480-2437 |
| TITLE | CVS | 2. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CABARLE, DOROTHY E | 27. NAME | |
| STREET ADDRESS | 17 TULIP LANE | 28. STREET ADDRESS | 100 WORTH AVENUE |
| CITY-STATE-ZIP | SHORT HILLS NJ 07078 | 29. CITY-STATE-ZIP | PALM BEACH, FL 33480-2437 |
| TITLE | | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY-STATE-ZIP | | 34. CITY-STATE-ZIP | |
| TITLE | | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY-STATE-ZIP | | 44. CITY-STATE-ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY-STATE-ZIP | | 54. CITY-STATE-ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY-STATE-ZIP | | 5. CITY-STATE-ZIP | |

14. I 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)(g), Florida Statutes. I further certify that the information provided 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, or person 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 as an attachment with an address.

SIGNATURE: *Cornelius Cabarle* CORNELIUS CABARLE 3/29/96 (407) 655-9654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)