FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 30 AM 8:47

DOCUMENT # **G35612** **(2)**

1. Corporation Name
LASS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
201 GRACE BLVD ALTAMONTE SPRINGS FL 32714	201 GRACE BLVD ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1983**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2313218** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLOWER, BRUCE W., ESQ.
511 NORTH MAITLAND AVE.
MAITLAND FL 32751

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 607.0502 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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	VANDER BOEGH, ALAN D	12 NAME	
STREET ADDRESS	201 GRACE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VANDER BOEGH, LAWRENCE	22 NAME	
STREET ADDRESS	201 GRACE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FLOWER, BRUCE W.	32 NAME	
STREET ADDRESS	511 NORTH MAITLAND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VANDER BOEGH, SUSAN	42 NAME	
STREET ADDRESS	201 GRACE BLVD.	43 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRGS FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VANDER BOEGH, SHIRLEY	52 NAME	
STREET ADDRESS	201 GRACE BLVD.	53 STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRGS FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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.

SIGNATURE: Alan D Vander Boegh 3-27-95 407-84-9-1189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alan D. Vander Boegh President

0030681 CP