

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000030716 (3)

1. Corporation Name
LACKAWANNA PROPERTIES, INC.



Principal Place of Business
**12777 MUIRFIELD BLVD S
JACKSONVILLE FL 32225**

Mailing Address
**12777 MUIRFIELD BLVD S
JACKSONVILLE FL 32225-4782**

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
01/25/1996

| | | | |
|---------------------------------|-------------------------|---|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 65-0405732 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 30. Country | 31. Country |
| 25. Country | 28. Country | 30. Country | 31. Country |

| | | | |
|---|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| FURTICK, BEVERLY H 1 INDEPENDENT DR SUITE 2000 JACKSONVILLE FL 32202 | | 81. Name | 85. Zip Code |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83. | |
| | | 84. City | |

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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D GOODBREAD, MICHAEL E | 1.2 NAME | |
| STREET ADDRESS | 12777 MUIRFIELD BLVD S | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32225 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D GOODBREAD, PATRICK S | 2.2 NAME | |
| STREET ADDRESS | 6120 JUDY DR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32244 | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing 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: *Michael E. Goodbread* *Michael E. Goodbread* **January 20, 1997** **641-8351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)