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FILED

May 09 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713157 (6)

1. Corporation Name

LPYC CORINTHIANS, INC.



Principal Place of Business

Mailing Address

2701 N.E. 42ND STREET  
P.O. BOX 5327  
LIGHTHOUSE POINT FL 33067  
US2701 N.E. 42ND STREET  
P.O. BOX 5327  
LIGHTHOUSE POINT FL 33074-5327  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

29 Zip

30 Country

3. Date Incorporated or Qualified

08/04/1967

3a. Date of Last Report

02/16/1996

4. FEI Number

65-0021359

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, JAMES L.  
1800 S OCEAN BLVD, APT 101  
POMPANO BCH FL 33062

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 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

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 VD ☐ DELETE  
NAME JACOBSON, BEN  
STREET ADDRESS 2457 NE 25 STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME O'BRIEN, JAMES L.  
STREET ADDRESS 1800 S OCEAN BLVD, APT 101  
CITY-ST-ZIP POMPANO BCH FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME WALSH, CHARLES  
STREET ADDRESS 1340 SOUTH OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 330623.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TREASURER,  
3.3 STREET ADDRESS Lee R. DONAIS  
3750 NE 87 AVE  
3.4 CITY-ST-ZIP LIGHTHOUSE PT. FL 33064TITLE D ☐ DELETE  
NAME BROUGHTON, SIDNEY L  
STREET ADDRESS 2687 N. OCEAN BLVD APT 207G  
CITY-ST-ZIP BOCA RATON FL 333314.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME LONG, ARCHIE  
STREET ADDRESS 1412 THATCH PALM DRIVE  
CITY-ST-ZIP BOCA RATON FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME SCHAAK, RICHARD  
STREET ADDRESS 3911 NE 26TH AVENUE  
CITY-ST-ZIP LIGHTHOUSE POINT FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

Daytime Phone # 0026179

CR2E037 (9/96)