## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## · FILED **DOCUMENT # 216928** Mar 05, 2004 08:00 AM 1. Entity Name LAP CORP **Secretary of State** Principal Place of Business Mailing Address BERNIE C LANE BERNIE C LANE 6105 S W 55 COURT 6105 S W 55 COURT FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33314 No Chg-P CB2F034 (10/03) 02272004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0882983 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANE, BERNY C DO NOT WRITE 6105 SW 55 COURT FORT LAUDERDALE, FL 33314 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and site if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 ~ After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LANE BERNY C NAME STREET ADDRESS 6105 SW 55TH CT. 000000771179 CRY-ST-ZR FORT LAUDERDALE, FL 03/05/04-80031-022 150.00 LANE KATHY MAME STREET ADDRESS 6105 SW 55TH CT. FORT LAUDERDALE, FL CITY-ST-ZIP THE LANE, KATHY 6105 SW 55TH CT. STREET ADDRESS DO NOT WRITE FORT LAUDERDALE, FL CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY -ST- ZIP THE NAME STREET ADDRESS CITY-ST-ZIP 12. If hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if

Mode Z. zax