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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

474926

(3)

DOCUMENT #

1. Corporation Name

R.L. LAROCHE, INC.

|--|--|

Principal Place of	f Business	Mailing Address				
	MPLE RD STE 207	10235 W SAMPLE	RD STE 207			
PO BOX 9169		PO BOX 9169 CORAL SPRGS FL	22075			
CORAL SPRO	35 FL 330/3	CONNE OF NOS TE	00013		3. Date Incorporated or Qualified 04/30/1975	3a. Date of Last Report 07/25/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. Fel Number 59-1605289	Applied For
1		26			59-1605289	Not Applicable
Suite, Apt. #,	etc.	Suite Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
2		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
:3		28			Trust Fund Contribution	Added to Lees
Zip	Country	Zip	Country	У	8. This corporation has liability for i	Intangible tax under s 199.032,
14	25	29	30	.	Florida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Cur	rent Hegistered Agent		Name	10. Name and Address of New I	Caratara vacur
OH LEGG	ME & ALLICON		0.			
	PIE & ALLISON		82	Street A	Address (P.O. Box Number is Not Acceptab	le)
	FEDERAL HWY STE 300		83	 		
BUCA	RATON FL 33432		63			
			84	1 City		FL 85 Zip Code
				1	rporation submits this statement for the pur	
ne engletoen	d agent, or both, in the State of F and accept the obligations of, S	Jonda, Such change was a Itho	azed by the con	poration's	board of directors. I hereby accept the app	bintment as registered agent. Lam
tamiliar with	i, and accept the obligations of, a	RECHOLL BUY, COOD, Florida Statul	.03.			
SIGNATURE.	agriature: typed or printed harrie of registered a	ged and being please	NOTE Registered Ag	ez Establicheren	agin aid which ha whath gi	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	PTD	DELETÉ	1 1 TETLE	:	•	Change Addition
NAME	LAROCHE, RONALD L		1,2 NAME			
STREET ADDRESS	501 S. OCEAN BLVD., S	SUITE 202	1.3 SFHE	ET ADORESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 OHY	-S1-7IP		
TITLE		DELETE	2 1 7/11/1	E	V 5	Change K Addition
NAME			2.2 NAM		MATTHEW P. MAHONEY	_
STREET ADDRESS			23 STRE	et addrēss	MATTHEW P. MAHONEY 10716 CYPRESS LAKET	
CITY-ST-ZIP			2.4.0125		~ ~ ~	ee.
TITLE			2.4 ULT	- ST - ZIP	BOCK KATON, I-C DO	<u> </u>
1		DELETE	3 1 5/10		BOCA RATON, FL 33	Change ☐ Addition
NAME		DELETE		E	BOCIA KATON, 1-C 55	<u> </u>
•		DELETE	3 1 Total 3 2 NAME	E	BOCK KATON, I-C ST	<u> </u>
STREET ADDRESS		☐ DÉLETE	3 1 Total 3 2 NAME	E E EFT ADDRESS	BOCK KATON, I-C ST	Change Addition
•		☐ DELETE	3 1 DTM 32 NAM 33 STHE	E E EFT ADDRESS -ST-ZIE	BOCK KATON, I-C ST	<u> </u>
STREET ADDRESS CITY-ST-ZIP			3 1 5 T.U 3 2 NAM 3 3 STHE 3 4 CHY	E E EFT ADDRESS STZIE E	BOCK KATON, I-C 35	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3 1 5/15/ 32 NAM 33 SYNE 34 C/TY 4 1 T/TL 42 NAM	E E EFT ADDRESS STZIE E	BOCK KATON, I-C 35	Change Addition
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS			3 1 5/15/ 32 NAM 33 SYNE 34 C/TY 4 1 T/TL 42 NAM	E E EFLADORESS -SL-ZIF F E E ELADORESS	BOCK KATON, I-C 35	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3 1 Trui 32 NAM 33 STRE 34 CITY 4 1 TITU 42 NAM 43 STRE	E EFLACORESS -S1-ZiF E E ET ADDRESS -S1-ZiP	BOCK KATON, I-C 35	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 BEC 32 NAM 33 STRE 34 CITY 4 1 DEL 42 NAM 43 STRE 44 CITY	E ELET ADDRESS -ST-ZIF E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	BOCK KATON, I-C 35	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3 1 Tick 32 NAM 33 STRE 34 City 4 1 Titk 42 NAM 43 STRE 44 CITY 5 1 TITK 52 NAM	E ELET ADDRESS -ST-ZIF E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	BOCK KATON, I-C 35	Change Addition
STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3 1 Ticu 32 NAM 33 STHE 34 CHY 4 1 TIFU 42 NAM 4.3 STHE 44 CHY 5 1 THU 52 NAM 53 STHS	E E E E E E E E E E E E E E E E E E E	BOCK KATON, I-C 35	Change Addition Change Addition
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STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETE	3 1 Tick 32 NAM 33 STHE 34 CHY 4 1 TIFU 42 NAM 43 STHE 44 CHY 5 1 THU 52 NAM 53 STHS 54 CHY 6 1 TILL 62 NAM	E E E E E E E E E E E E E E E E E E E	BOCK KATON, I-C 3	Change Addition Change Addition
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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 trusted 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 or an attachment with an address.

SIGNATURE: ROUALO L LA ROCHE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 13 196 954 753 6900