

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 APR 13 PM 2:50

DOCUMENT # 504664 (4)

1. Corporation Name
LAVANCE, INC.

Principal Place of Business
**3912 CONGRESS AVENUE
LAKE WORTH FL 33461-4108**

Mailing Address
**3912 CONGRESS AVENUE
LAKE WORTH FL 33461-4108**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/07/1976	3a. Date of Last Report 08/02/1994
4. FEI Number 59-1665366	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**MURO, LAVANCE G.
3912 CONGRESS AVENUE
LAKE WORTH FL 33461**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURO, LAVANCE G.
STREET ADDRESS	3912 CONGRESS AVE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

6 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

LAVANCE G. MURO

4/10/1995 407-968-5800

Date

System Preset