FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

536262

(9)

DOCUMENT #

LANGE CORPORATION-ARCHITECTS/PLANNERS

3. Date Incorporated or Qualified 06/02/1977

3a. Date of Last Report 04/25/1995

Principal Place of Business	Mailing Address
526 15TH AVENUE N.E.	526 15TH AVENUE N.E.
P.O. BOX 7776	P.O. BOX 7776
ST. PETERSBURG FL 33734	ST. PETERSBURG FL 33734

2. Principal Place of Business			2a. Mailing Address				4. FEI Number 50-1754000				Α	pplied For		
1			26				-	1	59-175422	Ų			ΠN	lot Applicable
2	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		_		5.	Certificate of Status	Desired				Additional equired
3	City & State		28	City & State				6.	Election Campaign F Trust Fund Contribut	-				May Be to Fees
1	Zip	Country 25	29	Zip 30	Countr	У		ı	This corporation has Florida Statutes	liability for in	•	k under	rs	199.032,
	9. Name	and Address of Current	Regi	stered Agent				10.	Name and Addres	of New Ro	gistered /	gent		
LANGE STEVEN D				8	1			O Day N. Janhar la Ali	. Assessable	-1				
	526 15TH AVENI ST. PETERSBUR				8:		Street Addres	SS (P.	O. Box Number is No	or Acceptable	e) 			
		.			8		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.

SI	grature, typed or printed name of registered agent and title		(NOTE: Registered Agent signature required		DATE			
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES	CHANGES TO OFFICERS AND DIRECTORS IN 12			
ITLE	S LANCE MARY ALICE	DELETE	1. 1 TITLE		☐ Change	Addition		
AME .	LANGE, MARY ALICE		1.2 NAME					
REET ADDRESS	526 15TH AVENUE N.E.		1.3 STREET ADDRESS					
TY - ST - ZiP	ST PETERSBURG FL		1.4 CITY-ST-ZIP					
TLE	PTO	DELETE	2. 1 TITLE		☐ Change	Addition		
AME	LANGE, STEVEN D		2.2 NAME					
TREET ADDRESS	526 15TH AVENUE N.E.		2 3 STREET ADDRESS					
TY-ST-ZIP	ST PETERSBURG FL		2 4 CITY - ST - ZIP					
TLF		☐ DELETE	3 1 TITLE		☐ Change	Addition		
IME			3.2 NAME					
IREET ADDRESS			3.3 STREET ADDRESS					
11Y-SI-ZIP			3.4 CITY-ST-ZIP					
TLF		☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition		
AME			4.2 NAME					
TREET ADDRESS			4.3 STREET ADDRESS					
HTY - ST - ZIP			4.4 CITY - ST- ZIP					
TLE		DELETE	5 1 TITL€		☐ Change	Addition		
AME			5 2 NAME					
TREET ADDRESS			5.3 STREET ADDRESS					
1Y-S1-2IP			5 4 CITY - S1 - ZIP					
TLF		☐ DELETE	6. 1 TITLE		☐ Change	Addition		
AME			6.2 NAME					
THEE I ADDRESS			6.3 STREET ADDRESS					
ITY - ST - ZIP			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 119.07(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 coath; 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/23/96 813-823-7866

CR2E034 (12/95